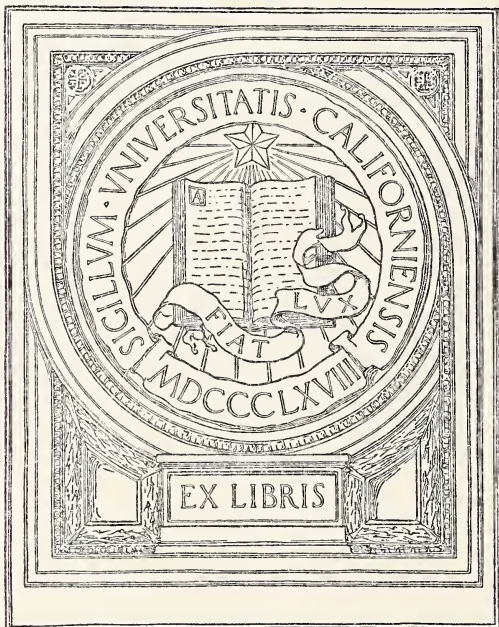




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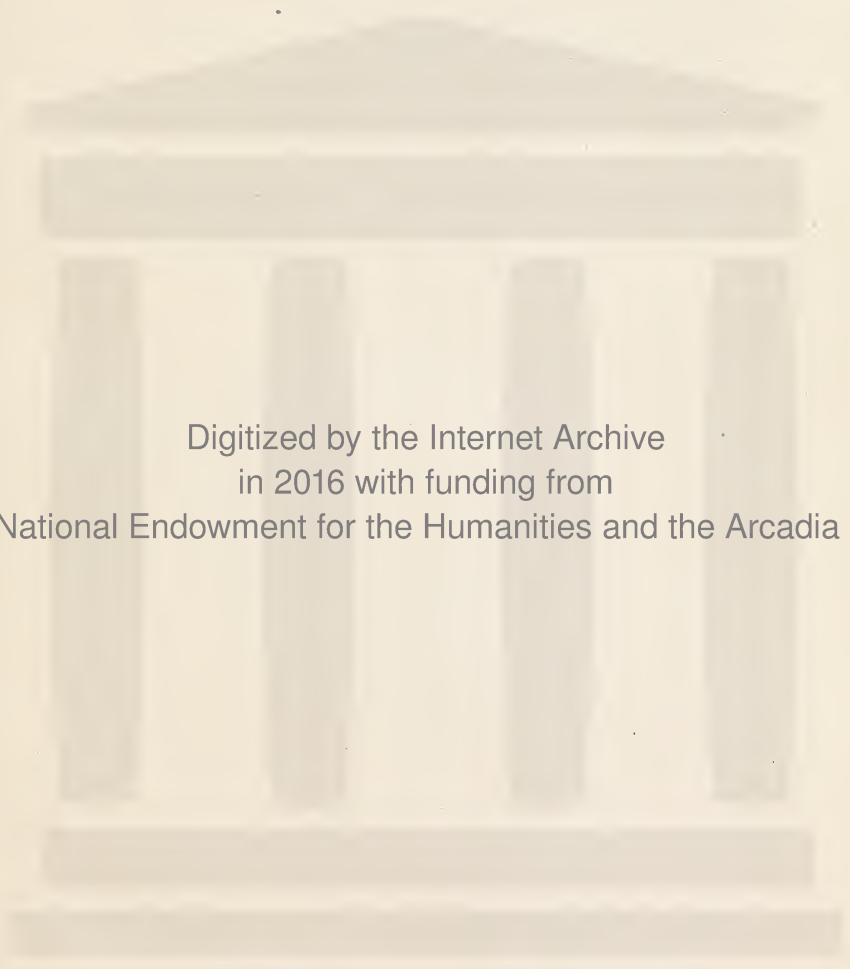
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# THE JOURNAL

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# INDEX.

Several articles are listed in this Index under several heads. The abbreviations are as follows: (O), Original Articles; (C. R.), Clinical Reports; (E), Editorials. Hospitals, Societies, Deaths, Marriages, Therapeutic Notes are grouped under those respective headings.

## A

### ABSTRACTS FROM MEDICAL JOURNALS—

Blood Pressure and Insurance .....	80, 669
Cancer—Prophylaxis of .....	183
Cardio-vascular Disease—Hypertensive.....	671
Congenital Cyanosis Without Auscultatory Signs....	226
Golter—Treatment of .....	182
Indicanuria—100 Cases of .....	670
Medical School Inspection—Practical .....	669
Neuropathic Child—The .....	670
Paresis and Tabes Dorsalis—Dr. Cotton.....	132
Polio-myelitis—What We Know of It.....	669
Syphilis—Pulmonary, 133; Syphilis we see but do not recognize, 226; Syphilis of the Central Nervous System, 226; Study of the Cerebrospinal Fluid in Syphilis .....	226
Brief Abstracts .....	79-81, 132, 182, 226, 668-671
Address of President W. J. Chandler .....	443
Address of Third Vice-President T. W. Harvey.....	452
Address of Welcome at Annual Meeting—Mayor C. E. F. Hetrick .....	523
Address of President J. F. Hagerty, Essex County Society .....	653
Address of President J. B. Morrison, Acad. of Medicine .....	576
Addresses at the Annual Banquet: Rev. Dr. C. A. Eaton; Hon. Robert H. McCarter; Prof. H. A. Hare, M. D.; Rev. Dr. J. H. Raven .....	568, 574
Addresses at the County Societies' Centennial—See Historical Data.	
Anthrax (O) Dr. Alexander S. Ross .....	261
Appendix—Fibroid Degeneration of (O) Dr. R. F. Morris .....	120
Arlitz, Dr. William J. Discusses Dr. Cotton's Paper Attendance at the Annual Meeting .....	550
Ayres, Dr. Edward A. (O), The Conservation of Infant Life .....	26

## B

Banquet Addresses—See Under Addresses—Above	
Beling, Dr. Christopher C. (O), The Borderland of the Psychoses .....	7
Discusses Dr. Prout's Paper .....	18
Beri-beri in Union County Jail (O), Dr. H. R. Liven-good .....	395
Beveridge, Dr. William W. (O), Diabetes .....	209
Blanchard, Dr. O. R., Discusses Dr. Strasser's Paper, Blood Pressure .....	59, 669
Blayle, Dr. H. C., Address Essex Co., Centennial....	422
Borgardus, Dr. Henry J. (C. R.), So-called Bone Cyst of the Trochanter .....	129
Bonime, Dr. Ellis (O), Tuberculin Therapy with Reference to the Combination With or Following Tuberculin Administration .....	110

### BOOK REVIEWS—

Auto-plastic Bone Surgery, Drs. Davison and Smith, by Dr. C. E. Selvaige .....	255
Blood Pressure—Its Clinical Application, Dr. Morris, by Dr. F. R. Haussling.....	652
Bone Graft Surgery, Dr. Albee, by Dr. S. A. Twinch .....	151
Cancer of the Stomach, Drs. Smith and Ochsner, by Dr. D. A. Kraker .....	338
Medical and Surgical Reports, Episcopal Hospital, Philadelphia, by Dr. J. F. Hagerty .....	652
Painless Childbirth, Dr. Davis, by Dr. F. W. Pinneo	204
Practice of Obstetrics, Dr. Cragin, by Dr. N. G. Price .....	254
Practical Medicine Series, by Dr. C. V. R. Bumsted, Principles and Practice of Medicine, Dr. Edwards, by Dr. F. C. Horsford .....	338
Progressive Medicine, Prof. Hare, by Dr. D. A. Kraker .....	254
Pulmonary Tuberculosis, Dr. Fishberg, by Dr. T. N. Gray .....	553
Rules for Recovery in Tuberculosis, Dr. Brown, by Dr. T. N. Gray .....	554
Surgical Operations with Local Anesthesia, Dr. Hertzler, by Dr. F. W. Pinneo .....	441
Books Received—	
Buchanan, Dr. J. Harvey, Address Somerset County Centennial .....	204, 205, 441, 603
Bulletins Concerning our Advertisers .....	362, 373
Bumsted, Dr. Charles V. R., Reviews Books.....	155

## C

Campbell, Dr. W. K. (O), Practical Application of Medical Inspection in Small Communities .....	62
Carpenter, Dr. Abram E., Address, Morris County Centennial .....	40
Cesarean Section (O), Dr. Edwin Field .....	113
Cesarean Section—Too Much (E) .....	9
Chambers, Dr. T. R., Discusses Drs. Evans and Beling's Papers .....	6, 1
(C) Influence of Our Journal .....	23
Chandler, Dr. William J. (O), Presidential Address..	44
Charity Abuse Again .....	18
Childhood—The Morbidity of, and the Mortality of Succeeding Decades, Dr. T. N. Gray .....	47
Clark, Dr. John G. (O), Oration in Surgery.....	46

### CLINICAL REPORTS—

Aneurysm of Aorta in a Boy of 12 .....	13
Bone Cyst of the Trochanter, Dr. H. J. Bogardus	129
Child Weighing 25 Pounds at Birth .....	63
Congenital Idiopathic Dilation of the Colon—Hirschsprung's Disease, Dr. E. Gutmann.....	629
Diaphragmatic Hernia, Dr. Edwin Field .....	223
Epidermolysis Bullosa Hereditaria, Dr. E. D. Newman .....	213
Extensive Disease—Heart, Lungs and Liver .....	66
Gastric Hemorrhage with Transfusion; Recovery, Dr. Edgar A. Ill .....	22
Goiter—Exophthalmic, Dr. John C. McCoy.....	173
Ileum—Sesection of, Dr. Aldo B. Coultas.....	77
Juvenile Amaurotic Idioey .....	223
Kidney Disease, Cases, Dr. S. R. Woodruff .....	129
Lipoma-Subfacial, Mistaken for Sarcoma .....	66
Lukaemia-Acute Lymphoid, Dr. Benj. Gutmann....	630
Lupus Vulgaris, Inoculated with Streptococcus .....	223
Manic Depressive Insanity, Cure by Operation....	223
Periculous Anemia, Dr. M. S. Meinzer .....	76
Pneumonia—Failing Circulation in .....	66
Polio-myelitis—Blood and Human Serum in .....	631
Prostatic Abscess From Infected Hand .....	66
Recurrent Transverse Colon, Resected, Etc. ....	224
Syphilis of the Eye, External Signs of Dr. B. M. Howley .....	170
Uterus Didelphys, Dr. Walt P. Conaway.....	400
Vesico-utero-vaginal Fistula and Recto-Vaginal Fistula, Dr. W. P. Conaway .....	401
Miscellaneous Clinical Reports.....	77-79, 131-132, 180-182, 222-226, 631-663

Committees: Standing and Special .....	552, 553
Cone, Dr. Ralph S. (O), The Therapeutic Primer .....	128
(O) Some Methods of Commercial Physicians .....	639
Conaway, Dr. Walt P. (C. R.), Uterus Didelphys .....	401
(C. R.) Vesico-Utero-Vaginal Fistula and Recto-Vaginal Fistula .....	401
Consumption—The Dawn of a Better Day for, Dr. R. C. Newton .....	583

### CORRESPONDENCE—

First Aid Conference, Dr. Bloodgood .....	91
Influence of our Journal, Dr. Chambers .....	334
N. J. Child Labor and Welfare Com., Mrs. Paddock .....	334
On Our Sesqui-Centennial—Gov. J. F. Fielder, Hon. R. H. McCarter, Hon. Talcott Williams, Drs. T. W. Osborn, H. G. Perry, E. E. Maxey, Holman Taylor, Jay Perkins, George H. Simmons, G. I. McKelway; Dr. A. P. Goff of Manila, P. I.; President of the Royal College of Physicians, London; President of the Royal College of Surgeons, London. See June-September Journals	
Corson, Dr. Elton S., Discusses Dr. Beling's Paper	14
Corwin, Dr. Fred M., Honored by Bayonne Physicians	186
(O) Standardization of Physical Defects; Is it Practicable? .....	616
Cotton, Dr. Henry A. (O), Effects of Syphilis on the Central Nervous System .....	18
(O) The Abderhalden Test in Mental Disease.....	259
Discusses Dr. Beling's Paper .....	13
Coultas, Dr. Aldo B. (C. R.), Resection of the Ileum, Counties of New Jersey .....	315
County Societies—See Under Societies.	
County Societies' Centennials—See Under Historical Data.	

## D

Davis, Dr. Henry H., Discusses Dr. Gray's Paper....	477
---	-----

# INDEX

## DEATHS—

Baxter, Dr. Milton E., Jersey City.....	145
Blundell, Dr. William, Paterson.....	436, 504
Buttner, Dr. Carl, Orange.....	693
Campbell, Dr. Charles M., Paterson.....	202
Chadwick, Dr. Francis T., Asbury Park.....	337
Christie, Dr. William A., Montclair.....	337
Courtright, Dr. Everitt P., Newark.....	436
Cox, Rowland, Jr., Paterson.....	506, 593
Culver, Dr. John W., Jersey City.....	252
Curts, Dr. Robert M., Paterson.....	238, 251
Davis, Dr. Nehemiah, Camden.....	47
Diamond, Dr. Edward L., Bridgeton.....	506
Dogherty, Dr. John W., Jersey City.....	252
Du Bois, Dr. William G., Camden.....	648
Edwards, Dr. Phillip H., Newark.....	337
Everitt, Dr. John R., Jersey City.....	337
Gerbert, Dr. Herman P., Orange.....	98
Gray, Dr. Frank D., Jersey City.....	389, 391
Green, Dr. James O., Long Branch.....	694
Griffith, Dr. William H., Trenton.....	47
Guenther, Dr. Emil E., Mountain View.....	203
Hatton, Dr. Louis, Camden.....	203
Higgins, Dr. Archibald S., Manasquan.....	145
Hughes, Dr. Henry, Long Branch.....	391
Keenan, Dr. Josiah H., Elizabeth.....	648
Keever, Dr. Arch. S. T., Newark.....	337
Kelley, Dr. Edward, Trenton.....	337
Krauss, Dr. Gustave A., Trenton.....	252
Lamont, Dr. George F. M., Newark.....	203
Langdon, Dr. Royal, Nutley.....	98
Long, Dr. Samuel, New Brunswick.....	391
Lowrie, Dr. Henry H., Plainfield.....	98
Magie, Dr. David, Princeton.....	648
Mccray, Dr. James, Cape May.....	203
Messerve, Dr. Frederick W., Berlin.....	47
McKenzie, Dr. William H., Newark.....	337
McPherson, Dr. John C., Basking Ridge.....	694
Norton, Dr. Horace G., Trenton.....	47
Parsons, Dr. Richard H., Mt. Holly.....	694
Physick, Dr. Emilen, Cape May.....	203
Putnam, Dr. Charles E., Jersey City.....	437
Quimby, Dr. George A., New York City.....	437
Ryerson, Dr. John G., Boonton.....	145, 252
Sayre, Dr. Jeremiah E., Red Bank.....	47
Selvaie, Dr. Charles E., Newark.....	437
Sharp, Dr. Ezra B., Camden.....	593
Sherk, Dr. Henry H., Camden.....	47
Stackhouse, Dr. Asa M., Moorestown.....	694
Stille, Dr. Samuel, Atlantic City.....	98
Taylor, Dr. John Genet, Camden.....	90, 98
Ward, Dr. John W., Pennington.....	504, 536, 594, 648
Wickman, Dr. Albert, Newark.....	337
Yard, Dr. Pierson W., Trenton.....	391

## Doctors' Wives—

Ayers, Mrs. Daniel S., Rockaway.....	594
Martindale, Mrs. J. Watson, Camden.....	145
Peck, Mrs. Edward E., Caldwell.....	594
Sayre, Mrs. William D., Red Bank.....	47
Thompson, Mrs. John R. C., Bridgeton.....	506

Death Rates and Expectation of Life.....	244
--	-----

## Delegates from State Societies—

Dr. Lewis M. Palmer, Massachusetts.....	530
Dr. Curran B. Earle, South Carolina.....	531
Dr. Edward T. Davidson, Dist. of Columbia.....	531
Dr. John R. Brown, Washington.....	531
Dr. George J. McKelway, Delaware.....	532
Dr. Martin B. Tinker, New York.....	533
Dr. E. T. Robinson, Pennsylvania.....	535

## Delegation from Philadelphia County Societies—

Dr. J. B. McLean, President of Society.....	534
Dr. Wilman Krusen, Director of Health, Phil.....	534
Dr. J. F. Sinclair.....	535

Twenty-two others were present of this delegation.

Diabetes (O), Dr. William W. Beveridge.....	209
Diabetes Mellitus (O), Dr. H. O. Mosenthal.....	339
Disbrow, Dr. William S., Address Essex County Centennial.....	425
Dickinson, Dr. G. K. (O), The Standardized Hospital and its Obligations.....	69
(O) The Education of the Nurse.....	481
(O) Middlesex County Centennial Address.....	492
(E) Cancer—Beebe Treatment of.....	89
Discusses Papers.....	13, 18, 59, 477
Report of Committee on Tuberculosis in Childhood.....	521

## DOCTORS—Standing, Ethics, Economics, etc.—

Advice to Young Doctors.....	198
Doctor's Duty to Others (E).....	331
Doctors as Venders of Nostrums.....	683
Fee Splitters Organize (E).....	
Finance and the Profession (E).....	
Medicine a Profession or a Trade.....	196
Our Friend—The Doctor (E).....	591
Professional Success (E).....	94
Should Hospital and Dispensary Doctors be remunerated.....	43
The Doctor From a Layman's Standpoint.....	196
The Medical Profession.....	197
The Physician in Industry (E).....	246
Donohue, Dr. Frank M. (O), Diagnosis and Management of Placenta Previa.....	605

## E

## EDITORIALS IN OUR JOURNAL—

Advertisers, Attention! A. A. S.....	431
A Fact as to Editors.....	431
American College of Surgeons.....	90
American Medical Ass'n, Detroit Meeting.....	387
American Medical Profession's Advance.....	236
Anterior Poliomyelitis, T. N. G.....	430
Attend Your County Society Meetings.....	194
A Prediction Fulfilled, A. A. S.....	327
Baby Week—March 4-11.....	89
Cancer—Beebe Treatment, G. K. D.....	89
Cancer Campaign in New England.....	192
Change in Journal Contents.....	326
Change of Place of Annual Meeting.....	191
County Editors, A. A. S.....	327
County Societies' Centennials.....	389
Criticism of Physicians by Physicians, J. H.....	193
Dr. Robert M. Curts.....	238
Dr. Frank D. Gray.....	389
Dr. John G. Ryerson.....	143
Dr. H. Genet Taylor.....	
Dr. John W. Ward.....	504
Dr. Sproul Receives a Loving Cup.....	611
Doctors as Vendors of Nostrums.....	683
Fee-Splitters Organize.....	589
Feeble-Mindedness.....	237
Forewarned—Forearmed.....	679
Gratitude.....	38
Local Health Boards.....	589
Local Health Boards—Why They Fail.....	641
Manuscript for Publication.....	235
Medical Licensure, A. M. Jr.....	141
Medical Societies' Officers.....	235
Our Advertisers.....	328
Our Anniversary Meeting.....	322
Our 150th Anniversary and the Outcome.....	581
Our Sesqui-Centennial.....	141, 385
Our Society's Gofers.....	642
Patent Medicines; Quackery.....	39, 388
Physicians of Our Colonial Days, G. T. W.....	325
Poliomyelitis in New Jersey.....	528
Reprints.....	684
Rutgers College.....	327
Somerset's Centennial.....	326
The Next Half Century.....	573
Transactions, 1766-1859.....	326
Editorial Briefs.....	39, 195, 238, 385, 643, 679 684

## EDITORIALS FROM MEDICAL JOURNALS—

Advice to Young Doctors.....	198
A Country Doctor—College President.....	245
A Moral Obligation.....	246
Cancer Does Not Return.....	117
Contract Practice.....	336
Degrees and Titles.....	42
Did You Bite?.....	146
Doctor's Duty to Others.....	331
Doctors vs. Folks.....	93
Effects of Colds and Noise on Hearing.....	326
Etiology of Poliomyelitis.....	664
Every Member Can Help.....	198
Finance and the Profession.....	682
Higher Medical Education.....	683
Honest Therapeutics.....	245
Hospital Question—The.....	43
Is Syphilis Curable?.....	591
Lawyer—Doctor Hold-ups.....	199
Malpractice Suits.....	680
Medical Ethics—For Whom?.....	245
Medical Journal Advertising Nostrums.....	236
Medical Society Matters.....	93
Mistaken Economy in Treatment of Insane.....	42
News from Beyond—Tanlac.....	683
Nurse Anesthetist.....	644
Patronize Our Advertisers.....	325
Poverty and Disease.....	199
Prevention of Abortion.....	643
Professional Success.....	94
Proprietary Remedies—Good and Bad.....	146, 246
Public—The Waking Up.....	42
Questionable Advertising.....	146
Reprints.....	41
Should Hospital and Dispensary Physicians be remunerated?.....	43
Social Insurance.....	687
The Physician in Industry.....	246
The Poliomyelitis Panic.....	591
To Prohibit Physicians from Dispensing.....	687
Too Much Caesarean Section.....	94
We Talk Too Much.....	645
Your Journal.....	145

## EDITORIALS FROM THE LAY PRESS—

Abating a Nuisance.....	248
A Balance for the Insane.....	95
A Cancer Quack to Jail.....	247
An Open Air Crusade.....	247
Bringing it to a Head—Garbage.....	591
Cancer Cured by Education.....	247
General Wood, M. D., for President.....	44
Germs and the Movies.....	248
Gist of the Health Insurance Bill.....	688
Killing Noise.....	200
Lawyers and Doctors Fees.....	200
Let Us Cheer Up.....	199



# INDEX

Medicine's Triumphs .....	44	State Hospital for the Insane, Morris Plains.....	307
Mosquito Extermination .....	147	State Village for Epileptics, Skillman.....	310
Newspapers That Fool Their Readers .....	247	State Sanatorium for Tuberculous Diseases, Glen Gardner .....	312
Non-Essentials—Luxuries .....	248	State Institution for the Feeble-Minded, Vineland, 313	
Our Friend—The Doctor .....	591		
Patent Medicines and Preparedness .....	147	Historical Data, County Societies—	
Paying the Doctor's Bills .....	95	New Jersey Counties—Changes in .....	315
Regular Medical Examinations .....	688	Reminiscences of County Societies' Physicians:	
Relative to Christian Science .....	248	Atlantic County, Dr. Philip Marvel.....	268
Soldiers of Health .....	592	Bergen County, Dr. David St. John.....	264
State Hospital Fire .....	147	Cumberland County, Dr. Thomas J. Smith.....	272
The Death of Edith Cavell .....	44	Gloucester County, Dr. Luther M. Halsey.....	373
The New Jersey Editor .....	199	Hudson County, Dr. Frank D. Gray.....	279
The Surgeon as a Life Saver .....	688	Middlesex County, Dr. D. C. English.....	483, 439
Work and Health .....	592	Monmouth County, Dr. George T. Welch.....	417
Ellis, Dr. Alfred L., Discusses Dr. Cotton's Paper.....	25	Report of County Societies Centennials—	
Emerson, Dr. Haven, Poliomyelitis Epidemic.....	586	Somerset—Drs. D. F. Weeks, J. H. Buchanan.....	361-373
Emerson, Dr. Linn (O), The Future of the Medical Profession .....	105	Morris—Drs. A. E. Carpenter, E. M. Fisher, J. F. Horn, B. D. Evans.....	405-412
Discusses Dr. Gray's Paper.....	479	Monmouth—Dr. E. Field, G. T. Welch.....	415-417
English, Dr. David C., Addresses Middlesex Centennial .....	484, 499	Essex—Drs. J. P. Hagerty, H. C. Bleyle, R. C. Newton, W. S. Disbrow.....	419-425
Presenting Loving Cup to Treasurer .....	567	Middlesex—Drs. F. M. Donohue, D. C. English, A. L. Smith, G. K. Dickinson.....	483-499
(E) See Editorials.		Holmes, Dr. George J., Discusses Godinez's Paper.....	660
English, Dr. David Eugene (O), Home Care vs. Institution Training of Blind Babies.....	398	Horn, Dr. James F., Address Morris Co. Centennial.....	413
Evans, Dr. Britton D. (O), Institutional Care of the Insane .....	1	Horsford, Dr. F. C., Discusses Dr. Beling's Paper.....	12
Discusses Drs. Belings' and Gray's Paper.....	13, 480	Reviews Medical Publication.....	338
Addresses Morris Co. Centennial .....	412		
		HOSPITALS, TRAINING SCHOOLS, SANATORIA—	
F		Alexian Hospital, Elizabeth .....	96
Facetious Items .....	52, 208, 258, 554	Ann May Memorial Hospital, Spring Lake .....	593
Faison, Dr. William F., Discusses Dr. Strasser's Paper .....	59	Asbury Park Hospital .....	593, 646
Field, Dr. Edwin (O), Cesarean Section .....	115	Barnert Memorial Hospital, Paterson .....	691
(C. R.) Diaphragmatic Hernia.....	222	Bayonne Hospital .....	390
Address Monmouth Co. Centennial.....	415	Bonnie Burn Sanatorium.....	202, 390, 436, 646
Fischer, Prof. Martin H., Oration in Medicine.....	555	Bridgeport Hospital .....	46, 250
Fisher, Dr. E. Moore, Address Monmouth Co. Centennial .....	410	Camden City Dispensary .....	251
Food for Thought.....	52, 208, 257, 554	Camden Municipal Hospital .....	390
Franklin, Dr. Louis, Discusses Dr. Strasser's Paper, 60		Cooper Hospital, Camden .....	250, 337, 436
		Dover General Hospital, Dover .....	97, 691
G		Fair Oaks Sanatorium, Summit .....	593
Godinez, F. Laurent (O), Analysis of School-room Lighting .....	656	Franklin Hospital, Franklin .....	435
Gray, Dr. Frank D., Discusses Dr. Strasser's Paper, Discusses Dr. Paton's Oration .....	57, 59	Hackensack Hospital, Hackensack .....	96, 250
(O) Sketch of Hudson County's Medical Past, Illustrated .....	279	Hudson County Tuberculosis Hospital and Sanatorium .....	202, 390, 436, 646
Society takes action on his death.....	527	Isolation Hospital, Bergen County .....	505
Gray, Dr. Thomas N. (O), The Morbidity of Childhood and The Mortality of Succeeding Decades.....	472	Mercer Hospital, Trenton .....	250, 390, 691
Reviews Medical Publications.....	553, 554	Millville Hospital .....	97, 250
Gross, Dr. Herman, Discusses Dr. Gray's Paper.....	480	Monmouth Memorial Hospital, Long Branch .....	97, 436
		Morristown Memorial Hospital .....	46, 691
H		Muhlenberg Hospital, Plainfield .....	97, 390, 435, 593
Hagerty, Dr. John F., President's Address Essex Co. Society .....	652	Newark City Hospital .....	46, 337, 616
Address Essex Co. Centennial.....	419, 442	New Jersey Orthopedic Hospital, Orange .....	691
Book Review .....	652	Orange Memorial Hospital, Orange .....	250, 337
Halsey, Dr. Luther M. (O), See under Historical Date		Overlook Hospital, Summit .....	692
Harvey, Dr. Thomas W. (O), Organotherapy.....	452	Passaic General Hospital, Passaic.....	97
Hasking, Dr. Arthur P., Discusses Dr. Cotton's Paper, 25		Paterson General Hospital, Paterson.....	96, 150
Haussling, Dr. Francis R., Reviews Medical Publication .....	652	Paterson Eye and Ear Infirmary, Paterson .....	97
Hess, Dr., Discusses Dr. Gray's Paper.....	478	Presbyterian Hospital, Newark .....	47
Heart-beat, Irregularity of.....	693	Rahway Hospital, Rahway .....	46, 390
		Red Bank Hospital, Red Bank .....	593
HISTORICAL DATA, Sesqui-Centennial—		St. Barnabas Hospital, Newark .....	250
Address of President W. J. Chandler.....	443	St. Joseph's Hospital, Paterson .....	96
Banquet Addresses—See under addresses.....	558-576	St. Peter's Hospital, New Brunswick .....	337
Biographical Sketches—Deceased Officers and Members, Illustrated.....	265-267, 276, 280-283, 285-292, 296, 300-302, 307, 380-384, 487, 500-502.	State Hospital, Morris Plains .....	46, 307, 436
Committee of Arrangements, Illustrated.....	333	Sunny Rest Sanatorium, Ancora .....	303, 436
Congratulatory Letters from Gov. Fielder, Surg. General Rupert Blue, President Royal College of Physicians, London; President Royal College of Surgeons, London; Dr. A. P. Goff, Manila, P. I.; Dr. Geo. H. Simmons, Hon. R. H. McCarter, Hon. Talcott Williams and several Presidents and Secretaries of State Medical Societies.....	40, 324, 325, 433	Verona Tuberculosis Sanatorium, Verona .....	647
Entertainments Provided by the Mayor, Commissioners and Citizens of Asbury Park.....	322, 576	Temple Hill Hospital, Chefoo, China .....	150
Historical Sketches of Buildings, Etc., Illustrated—		New Jersey State Village for Epileptics, Skillman.....	310
The Old Doctor—The Bond House.....	295	New Jersey State Sanatorium for Tuberculous Disease, Glen Gardner .....	312
Jonathan Elmer House—Lewis Howell House.....	296	New Jersey State Institution for Feeble-Minded, Vineland .....	313
Old Court House, Freehold .....	296		
The "Old Doctors' House," Rahway.....	300	Aseptic Operating Room .....	150
Dr. Calhoun Amputating Gen. Sickles' Leg.....	301	American Ambulance in Paris .....	390
Dr. Jonathan Pitney's Lighthouse.....	302	Convalescent Army Hospital, Toronto .....	692
Hotels of State Society Meeting, Illustrated.....	332	Cottage Hospital in Rural Communities .....	98
Outline Program of the Meeting.....	333	Happy Hospital Patience in France .....	435
Officers of the Society, 1916, Illustrated.....	333	Hospitals, California Journal on .....	38
Pictures of Living Officers and Members.....	268, 278, 283, 293-296, 307-314, 361, 369, 370-372, 483, 483, 492	Hospitals—Private—Disadvantage to Physicians .....	693
Reception of Delegation of Philadelphia Physiological Societies.....	530-533	Hospitals—Private—Liability for Negligence .....	692
Reception of Delegation of Philadelphia Physicians .....	534-536	Hospital Home for Children with Inherited Syphilis .....	647
		Hospital—The and the Community.....	202
State Institutions, Illustrated—		Hospitals and Education .....	202
State Hospital for the Insane, Trenton.....	303	Hospital Co-operative Association Proposed.....	692
		Insane Hospitals .....	234
		Maternity Hospitals—Value of .....	435
		Public Clinics—Opposition to, Mt. Sinia Hospital.....	251
		Solving the Hospital Question .....	150
		Standardizing of Hospitals .....	517, 548
		Standard Diet for Hospitals .....	150
		Typhoid Vaccination in Hospital .....	202
		Howley, Dr. Bart. M. (C. R.), External Signs of Syphilis of the Eye .....	177
		Hunter, Dr. James (O), Criticism of Physicians by Physicians; Report of Committee on Publicity.....	525

# INDEX

Husserl, Dr. S. (O), The Midwife Problem—Past, Present and Future.....	172
I	
Ill, Dr. Edward J. (O), The Indications for Surgery, Ill, Dr. Edgar A. (C. R.), Gastric Hemorrhage with Transfusion; Recovery .....	220
Infant Life—The Conservation of, Dr. Edw. A. Ayres, Insane—Institutional Care of the, (O) Dr. B. D. Evans, Invocation at Annual Meeting, Rev. Dr. A. E. Ballard, .....	522
J	
Johnson, Dr. Bertha M., Discusses Dr. Gray's Paper, Johnson, Dr. Walter B., Discusses Dr. Evans' Paper, (O) Reminiscences of Passaic Co. Physicians.....	275
Discusses Legislation Committee Report.....	542
Judicial Council Report, Dr. W. H. Iszard.....	519
K	
Kerr, Anna W., R. N. (O), The Nurse's Part in Medical School Inspection.....	627
Kidney Disease (C. R.), Dr. S. R. Woodruff.....	129
Klein, Dr. Emanuel (O), Significance of Urinary Findings .....	60
Kraker, Dr. D. A., Reviews Medical Books.....	204, 255, 338
L	
Laws Passed—See Report of Com. on Legislation. Leszynsky, Dr. W. M., Discusses Dr. Beling's Paper, Levy, Dr. Julius, Discusses Dr. Gray's Paper.....	13
License to Practice Medicine in New Jersey.....	478
Livingood, Dr. H. R. (O), Beri-beri in Union Co. Jail, Lowy, Dr. Otto, Discusses Dr. Cotton's Paper.....	528
Lupin, Dr. Edw. E. (O), Diet in Hyperchlorhydria....	395
M	
MacAlister, Dr. Alexander (O), First License to Practice Medicine in New Jersey.....	25
Markowitz, Dr. Irwin (O), Hodgkin's Disease.....	72
Marcy, Dr. Alexander, Jr. (E), Medical Licensure..	528
Discusses Dr. Gray's Paper.....	356
Report of Prize Essay Committee.....	141
Marcy, Dr. Alexander, Sr.—Remarks.....	479
MARRIAGES—	
Areson, Dr. John F., Montclair .....	522
Cornell, Dr. Virgel H., Cedar Grove .....	547
Crane, Dr. Charles G. Newark .....	593
Dodd, Dr. Raymond C., Glen Ridge .....	436
Flood, Dr. John Trenton .....	98
Frisch, Dr. Frederick, Atlantic City.....	47
Gray, Dr. John W., Newark .....	648
Griesemer, Dr. Zadoc L., Roselle .....	693
Herold, Dr. Herman C. H., Jr., Newark .....	693
Keller, Dr. Sidney C., Newark .....	646
Mueller, Dr. George H., Jersey City .....	646
Mutcher, Dr. H. Raymond, Dover.....	47
Potter, Dr. Howard W., Elizabeth .....	505
Prout, Dr. Thomas P., Summit .....	646
Runyon, Dr. Laurence P., New Brunswick .....	251
Sherman, Dr. Alton L., West Orange.....	145
Sullivan, Dr. Charles J., New Brunswick .....	693
Townsend, Dr. Theodore E., Westwood .....	391
Van Dyke, Dr. Benjamin S., Cranbury .....	98
Marsh, Dr. Elias J. (O), The Specialist Problem....	251
Marvel, Dr. Emery (O), Services Women May Render in Time of War.....	62
Marvel, Dr. Philip (O), Reminiscences of Atlantic County Physicians.....	661
Elected President; Remarks.....	268
Medical Economics, Dr. W. A. Wescott, Reports on..	536
Medical Examining Boards' Reports.....	547
49, 101, 151, 205, 255, 338, 439, 649, .....	696
Examined in W. Virginia in Five Years.....	696
Graduates Passing Examining Boards.....	255
Medical Education in America.....	151
Medical Education Statistics, 1916.....	650
National Board of Medical Examiners.....	696
New Entrance Requirements in Ohio.....	650
Prerequisites for Study of Medicine.....	205
Two Years Residence Required in Ohio.....	649
MEDICO-LEGAL—	
Damages Allowed for Injuries Causing Convulsions, Deceased Physician's Account Books Proving Birth Degree of Skill and Care Required.....	101
Employment of Physician by Corporation.....	254
Expert Testimony, Based on Evidence.....	649
Fraud Order Upheld After Employment of Physician, Hearsay Evidence.....	695
Expert Testimony in Murder Case.....	254
Liability for Wrong Diagnosis.....	438
Liability of Charitable Hospitals.....	438
Malpractice Cases, Evidence.....	438
Narcotics Given to Relieve Pain.....	438
Negligence, Burden of Proof on Plaintiff.....	696
Opium—Regulation of Sale of.....	438
Practicing as a Non-drug Giving Physician.....	695
Practicing Without Authority.....	49
Suggestions of Insurance to Jury in Malpractice Case Cause Reversal.....	695
Typhoid Fever, City's Condition Not Liable for....	49
Undertaking of Physician and Duty of Patient.....	401
Unprofessional Conduct, May Revoke License.....	254
X-Ray Photographs—Correctness of.....	595

Medical Profession—The Future of the, Dr. Linn Emerson (O) .....	105
Meigh, Dr. Josiah, Discusses Dr. Gray's Paper.....	479
Meinzer, Dr. M. S. (C. R.), Pernicious Anemia.....	76
Mercer, Dr. Archibald, Receives Loving Cup.....	567
MISCELLANEOUS ITEMS—	
Business Suggestions from an Old Doctor.....	240
Catechism on Vaccines, Antitoxins, etc.....	685
Census of New Jersey.....	140
Death Rates and the Expectation of Life.....	244
Dementia Precox Economics.....	198
Dementia Precox; Passive Transmission of Defensive Ferments in Relation to, Dr. B. Holmes.....	685
Doctor—The, From a Layman's Standpoint.....	196
Dr. A. Jacobi on Attending Meetings.....	335
Epilepsy Germ, Claims Discovery of.....	233
Factors Responsible for Gas Gangrene.....	335
Improving Cancer Statistics in U. S.....	41
Kansas Anti-Fee-Splitting Bill.....	93
Medical Profession—The.....	197
Medicine a Profession or a Trade.....	196
Nurse's Training—The.....	644
Organization Needed to Solve Medical Problems....	144
Pain in Breast Cancer.....	335
Poliomyelitis Epidemic, Dr. Haven Emerson.....	586
Preventive Medicine as Related to the Child.....	242
Society Meetings—Why I Do Not Attend.....	404
Spitting and Coughing Spreading Disease.....	197
Standardizing Articles for State Institutions.....	505
Twilight Sleep and the Doctors.....	335
Why Should Not America Lead?.....	335
Miscellaneous Brief Items.....	
92, 143, 189-198, 233-244, 505, 603, 640, 643, .....	678
Morris, Dr. Robert T. (O), Fibroid Degeneration of the Appendix .....	120
Morrison, Dr. John B. (O), Presidential Address Academy of Medicine of Northern New Jersey.....	576
Mosenthal, Dr. H. O. (O), Diabetes Mellitus Treatment .....	339
N	
New Jersey Counties—Changes in.....	315
Newman, Dr. E. D. (C. R.), Epidemolysis Bullosa Hereditaria .....	215
Newton, Dr. Richard C. (O), The Dawn of a Better Day for the Consumptive.....	580
Address, Essex Co. Centennial.....	425
Nurses, Dents for.....	241
Nurses, Hints for Untrained.....	241, 644
Nurses—See (O) 421, (O) 627.	
O	
Oration in Medicine 1915, Dr. Stewart Paton.....	53
Oration in Medicine 1916, Dr. Martin H. Fischer.....	564
Oration in Surgery, Dr. John G. Clark.....	461
ORIGINAL ARTICLES—	
Anthrax, Dr. Alexander S. Ross .....	259
Appendix-Fibroid Degeneration of, Dr. R. T. Morris	120
Beri-beri in the Union Co. Jail, Dr. H. R. Livingood .....	395
Blind Babies—Home Care vs. Institution Training of, Dr. D. E. English .....	398
Borderland—The—of the Psychoses, Dr. C. C. Beling, 7	
Cesarean Section, Dr. Edwin Field .....	115
Childhood—The Morbidity of and the Mortality of Succeeding Decades, Dr. T. N. Gray .....	472
Consumptive—The—Dawn of a Better Day for, Dr. R. C. Newton .....	580
Diabetes, Dr. W. W. Beveridge .....	209
Diabetes Mellitus, Treatment, Dr. H. O. Mosenthal, .....	339
Diabetes—Starvation Treatment of Dr. F. J. McLoughlin .....	212
Diet in Hyperchlorhydria, Dr. E. E. Lupin .....	72
Education—Popular, Dr. E. A. Y. Schellenger.....	125
Epilepsy—Reed's Bacillus of, A. J. Hinklemann .....	655
Fractures—Comparison of Open Methods of Treatment, Dr. G. H. Sexsmith .....	165
Heart—How Can We Detect Slight Enlargement of, Dr. G. C. Shatluck .....	157
Heliotherapy—Dr. Henry J. Spaulding .....	114
Hodgkin's Disease, Dr. Irwin Markowitz .....	355
Hospital—The Standardized and its Obligations, Dr. G. K. Dickinson.....	69
Hospitals, Value of, to Cities, Dr. J. C. McCoy.....	67
Infant Life—The Conservation of Dr. E. A. Ayres ..	26
Insane, Institutional Care, of the Dr. B. D. Evans..	1
Itching Diseases, Diagnosis of, Dr. M. Shapiro.....	121
Medical Inspection of Schools in Small Communities, Dr. W. K. Campbell .....	621
Medical Inspection—The Nurses Part in, Anna W. Kerr, R. N. ....	627
Medical Profession—The Future of the, Dr. L. Emerson .....	105
Mental Defectives, Economic Care of, Judge C. C. Shinn .....	614
Mental Diseases—The Abderhalden Reaction in, Dr. H. A. Cotton .....	259
Mid-wife—The Past, Present and Future, Dr. S. Husserl .....	172
Military Drill in High Schools, in the Interest of Health, W. S. Small, Ph. D. ....	624
Neurasthenia—The Diagnosis of, Dr. T. P. Prout, ..	15
Nurse—The Education of the, Dr. G. K. Dickinson ..	481



## INDEX

Physicians—Commercial—Methods of, Dr. R. R. S. Cone.....	609
Physical Defects—Standardization of, Dr. F. M. Corwin.....	616
Pituitary Extract—The Abuse of, Dr. N. E. Price.....	619
Placenta Previa—Diagnosis and Treatment of, Dr. F. M. Donohue.....	605
Preparedness—A Physician's Idea of, Dr. P. A. Potter.....	217
President's Address, Essex County Society, Dr. J. F. Hagerty.....	653
Prolapsus Uteri, Dr. A. A. Strasser.....	55
Refraction—A Study in, Dr. S. E. Pendexter.....	607
Retiring President's Address, Acad. of Medicine, Dr. J. B. Morrison.....	576
Roentgenologist—The Status of the, Dr. E. Reissman.....	118
School-room Lighting, F. Laurent Godinez.....	656
Specialist Problem—The, Dr. E. J. Marsh.....	62
Surgery—The Indications for, Dr. Edw. J. Ill.....	468
Syphilis, Effects of on the Central Nervous System, Dr. H. A. Cotton.....	18
Syphilitic Aortitis, Dr. Jacob Roemer.....	75
Therapeutic Primer—The, Dr. R. S. Cone.....	128
Tuberculin Therapy—with Special Reference to Therapeutics in Combination with or Following Tuberculin Administration, Dr. Ellis Bonime.....	110
Urinary Findings—Significance of, Dr. E. Klein.....	60
Women—Some Services They May Render the State in Time of War, Dr. Emery Marvel.....	661
(See Orations in Medicine and Surgery; Clinical Reports; Editorials and Historical Data).	
P	
Paton, Dr. Stewart (O), Oration in Medicine.....	53
Discusses Drs. Evans' and Beling's Papers.....	6
Paroungian, Dr., Discusses Dr. Shapiro's paper.....	125
Pendexter, Dr. Sidney E (O), A Study in Refraction.....	607
Personal Notes, 48, 100, 151, 203, 253, 337, 391, 506-594, 648, 695.....	
Pinneo, Dr. Frank W., Reviews Medical Books.....	204
Potter, Dr. Palmer A. (O), A Physician's Idea of Preparedness.....	217
Preventive Medicine as Related to the Child.....	242
Price, Dr. Nath. G. (O), The Abuse of Pituitary Extract.....	169
Reviews Medical Books.....	254
Prout, Dr. Thomas P. (O), The Diagnosis of Neurasthenia.....	15
PUBLIC HEALTH—	
State Department of Health Reports.....	51, 103, 153, 207, 651
State Department After Patent Medicine Fakery.....	50
Age of Pestilence.....	257
Annual Loss from Sickness.....	697
Children's Homes.....	153
Cost of Disease.....	650
Donts for the Baby.....	205
Health Officer—Worth of an Efficient.....	153
Health of Workingmen.....	697
Illegitimate Children in Ohio.....	102
Infant Mortality.....	156
Per Capita Expenditure in 184 Cities.....	102
Providence Not Responsible.....	206
Sanitary Preparedness.....	103
Saving the Babies.....	650
Trachoma—Menace of America.....	257, 410
Transmission of Disease by Insects.....	596
Typhoid Carriers.....	393, 650
Veneral Diseases.....	392, 651
Miscellaneous Brief Items.....	49, 102, 152, 205, 256, 391, 596, 650, 696
Public Health Education, Report Dr. Maria M. Vinton.....	536
Publicity Committee, Report Dr. J. Hunter.....	525
R	
Rapeer, Dr. L. W., Discusses Mr. Godinez's Paper.....	660
Rector, Dr. Joseph M., Discusses Dr. Strasser's Paper, Reports of County and Local Medical Societies—See under Societies.....	59
Reissman, Dr. E. (O), The Status of the Roentgenologist.....	118
Roemer, Dr. Jacob (O), Syphilitic Aortitis.....	75
Ross, Dr. Alexander S. (O), Anthrax.....	261
Rutgers College—Sesqui-Centennial.....	327
S	
Schellenger, Dr. Edw. A. Y. (O), Popular Education.....	125
Selvage, Dr. Charles E., Reviews Medical Book.....	255
Sexsmith, Dr. George H. (O), Treatment of Fractures with a Comparison of Open Methods.....	165
Shapiro, Dr. Maurice (O), The Diagnosis of Some of the Itching Diseases of the Skin.....	121
Shattuck, Dr. George C. (O), How Can We Detect Slight Enlargement of the Heart?.....	157
Shinn, Judge Clifton C. (O), Economic Care of Mental Defectives.....	614
Small, Willard S., Ph. D. (O), Military Drill in the High School in the Interest of Health.....	624
Smith, Dr. Arthur L. (O), One Hundred Years of Medicine—Dr. Address.....	489
Smith, Dr. Thomas J. (O), Reminiscences of Cumberland Physicians.....	272
SOCIETIES—	
County Societies:	
Atlantic County.....	29, 81, 133, 316, 357, 598*, 672
Bergen County.....	30, 83, 135, 228, 633
Burlington County.....	83, 228, 358, 598*, 633
Camden County.....	228, 598*, 633
Cape May County.....	229, 598*, 633
Cumberland County.....	83, 229, 401, 599*, 583, 634
Essex County 30, 83, 135, 183, 229, 317, 401, 583, 590*, 634, 673	
Gloucester County.....	30, 84, 600*
Hudson County.....	30, 85, 136, 184, 230, 318, 600*, 674
Hunterdon County.....	86, 137, 185, 231, 601*, 636, 675
Mercer County.....	32, 185, 319, 583, 601*, 636, 675
Middlesex County.....	33, 185, 584, 601*
Monmouth County.....	36, 137, 186, 230, 319, 602*, 637
Morris County.....	138, 320, 637
Ocean County.....	231, 602*, 637
Passaic County.....	602*
Salem County.....	637
Somerset County.....	602*
Sussex County.....	602*
Union County.....	602*
Warren County.....	603
Tri-County, South Jersey.....	697
*Annual Reports—See pages 598-603	
Hudson Co. Mosquito Extirmination Commission.....	232
Hunterdon Co. Medical Inspection Association.....	188
Somerset Co. Mosquito Extirmination Commission.....	335
For Essex, Middlesex, Monmouth, Morris and Somerset Counties' Centennial Meetings—See Historical Data.	
Local Medical Societies:	
Associated Physicians of Montclair and Vicinity.....	33
Bayonne Medical Society.....	34, 138, 186
Essex Pathological and Anatomical Society—See Essex County Reports.	
Hudson County Tuberculosis Clinics' Association.....	35, 139, 187, 231, 320
Morristown Medical Club, 35, 138, 187, 231, 320, 359, 403, 638	
Newark Anti-Tuberculosis Association.....	232
Newark Medical Library Association.....	678
Orange Mountain Medical Society.....	139
Practitioners' Society of Eastern Monmouth.....	35, 88, 139, 187, 232
Summit Medical Society.....	36, 88, 140, 232, 321, 639, 676
Washington Medical Society.....	36
Westfield Medical Society.....	321, 677
State Societies:	
Medical Societies of New Jersey—Officers and Members—See Official List.	
Committees—Standing and Special.....	552, 553
Transactions—Annual Meeting.....	507-548
Sesqui-Centennial Exercises—See Historical Data.	
New Jersey Conference on Tuberculosis.....	677
New Jersey Anti-Tuberculosis League.....	677
New Jersey Mosquito Extirmination Association.....	149, 188
New Jersey Sanitary Association.....	188, 586, 640, 677
N. J. Conference Charities and Correction.....	233
Society for Relief of Widows and Orphans of Medical Men of New Jersey.....	40, 314
Trade Union Anti-Tuberculosis Association.....	677
Tri-State Mosquito Extirmination Association.....	92
Interstate Psychiatric Association.....	188
Academy of Medicine of Northern New Jersey.....	40, 195, 234, 505, 586, 640, 678
National Societies:	
American Medical Association.....	387
American Academy Ophthalmology and Otology.....	677

# INDEX

Cough, Chronic; Nervous .....	249	Pyorrhoea Alveolaris .....	148
Croup .....	249	Quinsy .....	389
Cystitis, Chronic .....	291, 389	Rigid Os .....	249
Dandruff .....	95, 592	Ringworm and Favus .....	149
Diabetes .....	45	Rheumatic Fever .....	45
Diphtheria, Laryngeal .....	45	Rheumatism .....	96, 593
Dysentery, Chronic .....	45	Rheumatism in Children .....	424
Dysentery in Young Children .....	45	Scurvy, Care of .....	645
Eclampsia .....	646	Syncope, Treatment of .....	249
Emetine, Hydrochlor—Toxicity of .....	696	Syphilis, Hectine in .....	148
Entero-Colitis, Membranous .....	149	Thiersch's Solution .....	645
Ergot—Uses of .....	592	Throat Lozenge .....	45
Erysipelas .....	434	Toe Nail Ingrowing .....	592
Facial Neuralgia .....	249, 592, 639	Tonsilitis .....	149
Failing Circulation .....	249	Tuberculosis, Calcium Chlor. in .....	201
Fetid Breath Gargle .....	249, 645	Typhoid Carriers, Iodine for .....	200
Frost-Bite Itching .....	592	Typhoid and Paratyphoid .....	250
Gastric Ulcer Hemorrhage .....	45	Typhoid Fever .....	390
Gonorrhoea, Local Treatment .....	691	Water Itch .....	645
Gonorrhoeal Ophthalmia .....	45	Warts .....	45
Grippe Treatment .....	299	Whooping Cough Vaccine .....	646
Heart-beat Irregularity .....	690	Therapeutic Items, Brief .....	46, 96, 434, 646
Hemorrhoids .....	96	Transactions of Annual Meeting .....	507-550, 598-603
Herpes Zoster .....	645	Treasurer Mercer's Report.....	515
Hypothyroidism .....	149	Treasurer Receives a Loving Cup for 25 Years Service, 567	
Ichthyol and Glycerin in Septic Wounds .....	691	Tuberculosis in Childhood, Report by Dr. Dickinson, 521	
Influenza .....	45	Twinch, Dr. Sidney A., Reviews Dr. Albee's Book on Bone-Graft Surgery.....	154
Iodine in Place of Potass. Iodid .....	96		
Lead Colic .....	689		
Nasal Bleeding .....	689		
Nephritis, Chronic .....	689		
New vs. Old Drugs .....	148		
Neuralgic Rheumatism .....	389		
Neurasthenia, Cerebral, Cerebrin in .....	690		
Orchitis .....	434		
Otitis Media .....	689		
Pharyngitis .....	96, 646, 689		
Pilocarpine—Use of .....	149		
Plantar Hyperhydrosis .....	690		
Pneumonia .....	96, 149, 201, 389, 592, 646, 691		
Pruritus Ani .....	645		
Pruritus, Winter .....	593		
Pyelitis, Acute .....	96		

## V

Vinton, Dr. Maria M., Reports Public Health Education Committee.....	536
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## W

Weeks, Dr. David F., Address at Somerset Centennial	361
Welch, Dr. George T. (E), The Physician of Our Colonial Days.....	325
Address at Monmouth County Centennial.....	417
Westcott, Dr. William A., Report of Committee on Medical Economics.....	520
Woodruff, Dr. Stanley R. (C. R.), Cases of Kidney Disease .....	129



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## SYMPOSIUM

### On the Diagnosis and Treatment of Mental Diseases and Allied Neuroses.

At the 149th Annual Meeting of the Medical Society of New Jersey at Spring Lake, N. J., June 23rd, 1915.

### INSTITUTIONAL CARE OF THE INSANE.

BY BRITTON D. EVANS, M. D.

Medical Director of the New Jersey State Hospital at Morris Plains.

The specific purpose of this paper is to bring the members of the medical profession of the State of New Jersey into closer touch with the State's Public Charitable Institutions and, if possible, to enlist their energetic support in advancing the great work of better providing for and treating the insane of this State.

Since the greater part of this paper will follow along sociological lines of a more or less general character, it is not to be considered a scientific paper. In the treatment of the subject, reference, in a general way, is made to the institutions where the medical man is an essential factor in the care and treatment of the State's wards, but the more definite purpose is to treat upon institutions for the insane, their organization, purposes, maintenance, requirements and defects.

It is granted, without a contention, that every State or commonwealth should provide institutions for the care and treatment of persons suffering from mental unsoundness. It is further generally understood that the various forms of mental disease are of such a nature that those who are afflicted with such maladies are rendered incapable of earning their bread and that in the great majority of persons the disease is either incurable or of a protracted character. It is, therefore, clear to us in the outset that

we are confronted with a more or less generally prevalent group of maladies affecting the mind and rendering helpless and dependent a very considerable percentage of humanity. There have been no periods in the history of the human family in which some forms of mental obliquity and disordered judgment with dethroned reason have not existed and been recorded. It is difficult to treat this subject without at least briefly mentioning what some of the reliable authorities have chronicled relative to mental derangements in their early history.

Tamburini and Tonnini, in a historical sketch of the insane, state:

"From the remotest Grecian antiquity we know that insanity under the form of epilepsy and melancholia existed epidemically. Ajax was tormented by the Furies and committed suicide. Hercules also was subject to furious mania. Œpidus tore out his eyes and found in the forest of the Eumenides (benevolent witches) protection and reconciliation with the gods. Orestes also was persecuted by the Furies. Upon the melancholy Bellerophon weighed the curse of the gods (Homer). In the earliest antiquity of Greek fable, besides the Furies and the Eumenides there were, in substitution of our demons, the fauns, satyrs and Silenus."

Herodotus, father of history, makes record of the madness of the Persian King Cambyses, who ruled 500 B. C. He described an insane monarch whose insanity is characterized by homicidal acts and suicidal tendencies, the outcome of well defined delusions. Frequent examples of mental disorder are set forth in the Old Testament. David feigned insanity to Achish, King of Gath. In the 1st Samuel, 22nd chapter, 13th verse, it states that "he scrabbled on the doors of the gates and let his spittle fall upon his beard." Nebuchadnezzar, the Babylonian king, labored for



seven years from a mental disorder which has been denominated by popular writers as lycanthropy. His habits were so uncleanly that his court expelled him from the palace and he roamed around with the beasts of the field and hair like unto that of the beast grew upon his body while he was suffering from this mental malady.

Naturally we ask why these disorders were visited upon mankind, and we fail to find a satisfactory answer. It may, however, be said with reasonable assurance that when we take into analytic consideration the delicate structure, the complicated organism and manner of nutrition, the constancy of the activity of the brain, the citadel of the mind, the possibility of its functional derangement, disturbances of nutrition, organic changes, process of deterioration, susceptibility to toxic agencies and various well recognized infections, disturbances of mental integrity are not to be wondered at. As Tuke says: "Granted an organ of mind, granted its subjection to the laws regulating other viscera and it follows that its development may be arrested, its functions disordered, its action suspended."

We find ourselves taking up for discussion and serious consideration a subject of great magnitude and of intense importance in its social, economic and medical phases throughout the world. If by a fair presentation of the more urgent features of this subject the medical profession throughout the State shall be awakened to the point of taking a definite, active interest in this problem, my selection of this subject will have been attended with gratifying results and a way will be opened through which the unselfish efforts of the medical men of the State will bring about a betterment of society and the promotion of the welfare of a large group of the State's wards, and at the same time raise to a higher standard the State's Public Institutions. I place this honorable responsibility upon you primarily because I esteem you to be the source most hopeful and best equipped to advance the cause at issue. With full confidence in your sympathy in this proposition, I briefly sketch or outline some substantial facts of interest, relative to the history of New Jersey's two State hospitals.

I greatly regret that there is but scant information on record relative to the establishment of State care for the insane of New Jersey. It may be gratifying to you, however, to know that the first substantial and fruit-bearing effort along this line was made in 1838 by Dr. Lyndon A. Smith, who

was at that time president of this Society. He prepared a paper of much force and value, presenting the crying needs of New Jersey for an institution which would provide for a regularly organized care and treatment of the State's insane. The Society gave ear to his arguments and following the presentation of his paper an organized effort was initiated, which brought substantial results in 1847, when the asylum at Trenton was completed. This institution served the purposes of the State, as our profession and the public then understood them, until the year 1868, when it was found that the Trenton Asylum (now the State Hospital at Trenton), was overtaxed in its capacity and another institution was absolutely necessary.

Again through the efforts of the influential medical men of the State the matter was forcefully placed before the Legislature and resulted in the construction of the State Hospital at Morris Plains, which first received patients on August 17, 1876, which patients were transferred from the older institution at Trenton. At the time of the completion of the institution at Morris Plains it was contended by many persons who believed they knew about the subject that this new institution completed in 1876 would be ample and adequate for the needs of the State for seventy-five years. It is evident that they reckoned incorrectly. Today the State has more than a thousand patients within its borders in excess of the provision made for their care and treatment.

For the paramount purposes of this discussion we are confronted with these facts: That according to the United States census of 1910, insanity prevails throughout this country to the extent of 1 to every 490 citizens and 1 to every 420 citizens in the State of New Jersey. My experience in writing case histories and my observation and review of research workers' reports prompt me to say that this percentage is low. In endeavoring to trace hereditary taint it is common to find the people from whom such information is sought reticent about divulging family taint. The feeling that mental disease in a family, means a family stain or stigma, operates against full information being obtained. An examination of the statistics of the State Hospital at Morris Plains shows that in 1891 the hospital had in it 898 patients and that in 1915 it has 2,669, an increase of 197 per cent. The increase of insanity in many of the States of the Union is much greater than the in-

crease of population; for instance, in the State of New York the insane patients in institutions have increased from 16,006 in 1890, to 35,829 in 1914. This is an increase of 124 per cent. During the same period the gain in population of that State was only 65 per cent.

On one occasion, when I went before the State Legislature to make an appeal in behalf of the State's institutions for the insane and to present the unwisdom of allowing the hospital at Morris Plains to remain so overcrowded, thus defeating the efforts made by its medical staff and its management in endeavoring to give to the patients committed there an order of treatment in keeping with the progress of the age, I was asked this question: "Where is this thing going to stop?" to which I replied that I could not to my satisfaction answer that question, but I trusted that the Legislature would not hold me personally responsible for it.

The fact still remains that hospitals are necessary for the intelligent and humane treatment of persons afflicted with insanity and that such institutions should be so constructed and conducted as to give the highest order of efficiency in the treatment, care and prevention of mental disorders and give a substantial protection to the rights of the citizen alleged to be insane, promote the integrity of society, decrease hereditary taint and provide safe keeping for such as are a menace to public safety, with due consideration for the principles of economy, justice and the laws of humanity.

There have been many changes during the last century in the manner of caring for and treating the insane. Progress along this line has been made slowly, especially so far as professional medical treatment is concerned. It is gratifying, however, that through diligent research work in the laboratories of Europe and America definite strides have been made which enable psychiatrists to better diagnose and treat diseases affecting the brain and central nervous system; this particularly applies to that large group of psychoses due to syphilis. It would require too much time and space to treat in a satisfactory manner or in detail, this phase of the subject. Not many years before the work of the elder Tuke, of England, and Pinel, of France, who coincidentally in 1792 and, so far as I am able to ascertain, each without the knowledge of the other, espoused a system of non-restraint of the insane; asylums or detention houses for insane persons in that period

were far more vicious in character and less humane than the worst kept jails of to-day. Shackles, chains, dungeons and scourging were approved forms of control. Insanity was still believed by a large percentage of the laity to be the outcome of demoniacal possession, witchcraft, sorcery, etc., and mental disorders characterized by delusions were rarely thought of as being the result of disease processes. The service of physicians in the treatment of mental disorders were not held in high esteem. Greater confidence was reposed in conjury, ridiculous potions, etc. This sort of ignorance and superstition has been put aside, but down to a more or less recent period the diagnosis and treatment of mental derangements have been held as being in the domain of the occult, the grotesque and the weirdly mysterious.

Science is now generally exploring this heretofore field of mystery. The laboratory student is tracing and connecting cause and effect much after the manner which is pursued in the scientific study of other disease processes which come daily to the attention of the general practitioner of medicine and surgery. In determining the etiology of the various psychoses presented, careful attention and due weight is given to such factors as specific infections, auto-intoxications, toxemias in general, emotional strain, tumors of the brain, the starvation processes of arteriosclerosis, hereditary influences, environmental influences, etc., and in the matter of treatment practically all of the various agencies known to the physicians' armamentarium are employed, among them hydrotherapy, electrotherapy, serotherapy, hygienic environment, judiciously selected employment in various forms of useful diversional occupation, nutritious diet, exercise, re-education and amusements. These forms of treatment have supplanted and displaced heathenish conjury and barbaric restraint, but it represents a long fight of science on the higher principles of humanity against superstition and ignorance. These phases of the subject will be treated by the other writers who will follow with contributions to the symposium to which this paper is an introduction.

There are in existence, through the action of the Legislature, two commissions, one created for inquiry and investigation of the needs and defects of the various public charitable institutions. This commission is composed of five persons, citizens of the State, and includes the Commissioner of



Charities and Corrections and one member of each of the Board of Managers of the two State hospitals. This commission is authorized to make diligent inquiry bearing upon the defectives of all classes and to report back to the Legislature with recommendations. The other commission consists of the following members: The medical directors and wardens of the two State hospitals, an assistant of the Attorney General having charge of the work of the hospitals, the county counsel of Essex County, the warden and medical superintendent of the Essex County Hospital and the county physicians of Hudson, Atlantic and Camden counties. This latter commission is appointed for the purpose of drafting a new insanity law which shall be a revision of all the laws in force and affecting the commitment of insane patients, their detention and maintenance, their discharge from institutional custody and all matters and things relative to their institutional care.

Numerous complaints have been made regarding existing laws. Many of these complaints come from the committing physicians throughout the State. I present this matter to you that you may take upon yourselves the duty of making suggestions to this committee and recommending such practical changes as appeal to your reason, for in this way the commission will be put in possession of valuable information which will aid them in the duties assigned to them. I have written to the institutions for the insane throughout the United States and have obtained from them copies of their commitment laws, but these alone will not serve to give the order of information which the local conditions in this State will naturally make necessary.

Among the recommendations which, through experience and observation, appeal to me as practical and worthy of mention, are the following:

(1) That a new hospital be constructed in some fertile part of the State so that employment may be afforded the patients such as will give a return in the substantial necessities of the hospital and at the same time afford healthful and legitimate employment to those under treatment.

(2) That psychopathic hospitals, or psychopathic wards connected with general hospitals, in populous centers, shall be established and that less populous portions of the State shall, under the law, have excess to such psychopathic wards or hospitals, so that alleged insane or very acutely insane persons may be placed in such institutions

for detention and observation. This is in no sense a new thought; it is a proposition which has been worked out and found to be practical in many cities of the Union.

(3) That the period of detention for observation in psychopathic wards or hospitals shall be defined by law, but that such period shall be long enough for the physicians in charge to determine whether persons so brought under their attention are suffering from a well defined psychosis or from a toxemia or temporary aberration due to alcohol, etc.

(4) That any patient alleged to be insane, after observation, shall be found to be suffering from a psychosis which will require treatment, care and attention in excess of the period of time defined by law shall be transferred to one of the State hospitals upon the certificates of two physicians properly qualified under the law, one of whom shall be the physician who had the patient under observation while detained in such psychopathic hospital or ward.

(5) That when patients so detained under observation shall be found to be insane, they shall be held in such psychopathic wards until judicial inquiry is made as to the sanity, legal settlement, indigence, etc., and that the court order and certified copies of the commitment papers shall accompany the patient to the State or county hospital.

(6) That the State should take over the care of all the indigent insane, but if this be not practical, that the Department of Charities and Corrections shall be authorized to standardize the county institutions for the insane and upon the finding of a county not coming up to the established standard in the matter of buildings, equipment and medical attention, that the Comptroller of the Treasury be directed to withhold the \$2 per capita per week as now paid from the State Treasury to all county institutions for the maintenance of indigent patients, and that the Department of Charities and Corrections shall make regular inspections of county institutions for the insane and be empowered to direct any necessary changes to bring them up to the required standard.

(7) That indigent habitual drunkards and drug habitues, who are a menace to the public and are unsafe to be at large, shall be committed in the same manner as the indigent insane are under the present law.

(8) That patients committed as indigent and found on inquiry to be non-indigent, the county from which such patients are sent shall be responsible for the cost of maintenance until the persons responsible

under the law have made satisfactory arrangements with the hospital to which such patients are committed.

(9) That commitment blank forms shall be approved by the Board of Managers of the State hospital and the Commission of Charities and Corrections, and that they shall be uniform throughout the State and that the State hospital shall furnish such blanks and mark them approved; all other blanks and forms for the commitment of patients to be invalid.

The properly constituted State hospital for the insane, regulated and operated under good laws exhibits its beneficent and protective influence upon the social fabric to a degree not usually fully understood or appreciated and is necessary in the maintenance of two cardinal principals. The two cardinal functions are: first, its police function, wherein it provides means for the protection of life and property against the violence and dangers which are the outcome of mental unsoundness; and, second, its charitable function in giving care and scientific, humane consideration and treatment to helpless and sadly afflicted persons. Its benefits to society and good government are manifold and too numerous to incorporate into this paper.

Hospitals are necessarily medical institutions and should command the earnest and constant attention of medical men who lend their efforts to keep in sympathetic touch with such work and give support to those things which will promote efficiency, and their advice for the correction of institutional defects. Good laws are necessary and regulations are indispensable in order that our public institutions shall give good results, but laws governing our institutions would be better if they were inspired by persons who are familiar or even fairly acquainted with the subject of which such laws are to treat. The discouragement of carrying partisan politics to the bedside of the sick is the bounden duty of medical men interested in public medical institutions for the insane. I say "medical institutions" advisedly, for I have frequently met men who seem to look upon a State hospital for the insane as an institution consisting of a farm owned by the State for the purpose of raising crops and cattle, and incidently to receive patients.

It is unfortunate that so small a proportion of our citizens think seriously of their institutions for the insane, except under such conditions as these: When a member of one's family is afflicted with some form

of mental disorder the institution looms up before that family as one of great importance; they see that it is a great necessity; they regret that the State has not been more liberal in equipping it; they view with much dissatisfaction its shortcomings which are due to a lack of financial support; they are horrified because of unhygienic conditions arising out of overcrowding; and yet a large percentage of these good people who have thought of the necessities of the hospital only in a casual manner before, now view it from a different standpoint; those who had been satisfied with its accommodations, its equipment, realize their error. No set of men is better qualified to understand these matters than are the members of the medical profession and it is for this reason that I have brought before you in plain language this serious proposition. I believe that there is no more competent or reliable tribunal before which such matters may be brought than the medical press and the medical society of the State of New Jersey, and I shall look to you in future for a closer professional relation and personal interest in the welfare of the work of bringing about better conditions for the insane of the State, and I believe that other public institutions whose success depends upon your aid and assistance in the prosecution of their work will with the same sincerity welcome you.

In a partial recapitulation of this paper, we find before us the following important propositions:

(1) That we have a State which has in it, according to the 1915 census, 2,844,342 population.

(2) That it has in it over 8,000 persons suffering from some form of mental disorder, or 1 insane person to every 355 of its population.

(3) That the insane population of the State is increasing from year to year and that already there are more than 1,000 insane persons in the State entitled to care and treatment by the State who are not properly housed or properly provided for.

(4) That New Jersey is badly in need of an additional State hospital.

(5) That a new insanity law should be enacted which will repeal the greater part, if not all of the 115 laws upon our statute books at present bearing upon the commitment, maintenance, care, treatment and discharge of insane persons.

(6) That an excellent opportunity is presented for the physicians of the State as an organized body to do much effective work in bringing relief to a large class of suffering humanity.



## DISCUSSION.

**Dr. Stewart Paton, Princeton:** I appreciate the opportunity of endorsing what Dr. Evans has said in reference to improving the conditions of the care of the insane in New Jersey. It would indeed be fortunate if the public could be brought to appreciate what an important problem this is. Our civilization is confronted by one of the greatest problems that it has ever had to face. The hospitals in this State are no exception to the general rule and are over-crowded to such a degree it is impossible to give the patients proper medical treatment. Our present temporarizing attitude indicates either that we are not sufficiently intelligent to solve the great problems connected with the care of the insane or that we are quite indifferent to the disorganizing forces which menace society.

How shall we attack these problems? Dr. Evans has suggested one of the possible means, namely: The erection of psychopathic wards. The public, as well as physicians, must be made to realize that patients would go to these institutions in the early stages of the disease when the symptoms first appear. In this way many cases which now become chronic would come under observation at a period when it would be possible to treat the psychoses successfully and have these persons returned to their homes. In addition to the psychopathic wards, we need a psychopathic hospital in New Jersey. No matter how many thousands of dollars are spent in the construction and equipment of that institution, in the end large sums of money would be saved the State.

**Dr. Walter B. Johnson, Paterson:** It seems to me that this Society is greatly obligated to Dr. Evans for bringing this matter before us—a matter of such critical importance. A matter of such vital importance, to the State of New Jersey, to the people of the State of New Jersey, has not been before this Society in a long time. No institution is calculated to do its best work if it is so crowded that the patients can not receive proper attention; and, certainly, such a condition exists at this minute in Morris Plains asylum. I had occasion to be there recently, and I believe that the number of patients is 2,600; and I believe that that is about a thousand more or eight hundred more than they should have had in that institution in order to give the proper care. That much for the institutions as they exist to-day—for the institutions and the work that they do to-day.

There are a great many people and a great many physicians who have not realized the necessity of sending to a proper sanatorium an individual who has some mild or commencing form of mental disturbance. I don't suppose there are any class of patients who get more satisfactory treatment by the general physician than just that class of patients. And, as Dr. Paton has said, by the time the relatives have been sufficiently impressed with the difficulties of caring for these patients to bring them to the attention of the authorities and to place them in a State insane asylum, the patient is almost past the possibility of cure; there is always delay because of the dread people have of taking steps to commit a relative to an insane asylum. I don't know just

exactly what Dr. Evans means by these psychopathic institutions; but I take it, it is a form where the milder diseases might be cared for in the various counties. The various county asylums as they exist to-day are not psychopathic wards in any sense, they are institutions of a poorer character, than the State institutions, even the best of them; and the best, I believe, is in Essex County.

I think this is an important matter, that it should be given careful consideration; and I think that whatever it is necessary to do to bring to the public a thorough idea of the conditions and to induce the public to bring to the legislators a thorough idea of their desires, is the important matter—as I understand it, provisions should be made by the State to care for this class of patients by psychopathic wards in existing hospitals attended by competent medical men, and that as soon as it is possible to do so a large psychopathic sanatorium should be built and operated by the State. I believe that there are some resolutions which Dr. Evans is anxious to have presented to the New Jersey State Medical Society for passage, with the idea of having the proper influence upon the legislators of this State through the arousing of the public interest; and the people to arouse the public interest are the members of the Medical Society of the State of New Jersey. They can do more towards arousing the interest of the people in the matter of the care of the insane, in the matter of the examination and critical consideration of the conditions of the insane, than any other body of men, legal or otherwise, in the State of New Jersey.

The trouble, with the medical men, is that they do not unite enough upon these matters; they don't take enough interest in these matters, and with an adviser such as Dr. Evans, who has been for so many years now with this institution, the New Jersey State Hospital at Morris Plains, which is one of the best institutions in the country, regardless of its overcrowded condition—when he brings to us these facts, and when he expresses his anxiety for the condition of the people of this State, I think it is time for this Medical Society to act.

**Dr. Talbot R. Chambers, Jersey City:** Just a few words; because we are short of time. Dr. Evans speaks of the psychopathic ward; I believe that is all right, so that the cases may be studied beforehand; but in Massachusetts they came up against this crowded condition of the insane asylums; and I think that is the State where they decided that those who could gain nothing in the hospitals, in the insane asylums, should be farmed out under proper supervision to homes where the board money would help the poor; and the individuals, weak of intellect, had as good treatment as they could get, probably more satisfactory treatment for the rest of their lives in these homes. I think that this is a thing we should think of, and I should like to hear Dr. Evans express himself upon the point of relieving the crowded condition of our insane asylums in that way. I, personally, think that is a great deal better treatment than can be had in the crowded institution.



## THE BORDERLAND OF THE PSYCHOSES.\*

BY CHRISTOPHER C. BELING, M. D.  
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Many causative factors may operate to unbalance the mind. Some of us by training tend to subordinate disturbances of psychic life to those of the physical and to look for some somatic change as an etiological factor. Others of us, perhaps similarly conditioned, give predominance to the psychic factor and emphasize the potency of mental causes. The evolution of psychiatry as a part of general medicine has been marked by contentions along these two lines.

Apart from metaphysical doctrines, "scientific analysis of the organic processes demonstrate to us the indissoluble connection between states of consciousness and groups of special organic condition," alike both for normal and pathological phenomena.

To be strictly scientific, when we speak of the dividing line between mental and physical disease, we must predicate that for a disease to be purely mental, every physical cause must be excluded. In the present state of our knowledge mental disorders cannot be separated into those of psychical and those of physical origin.

Therefore, in our feeble efforts to encompass so vast and important a subject, we may progress much farther and be on surer ground by a more or less close adherence to the law of psycho-physical parallelism, according to which every state of consciousness corresponds to some special activity of the objective series, without which it could not exist.

Acceptance of this law naturally brings psychiatry and internal medicine into the closest relationship. With it as our basis of investigation we may primarily study psychic phenomena along physical lines and determine them "indirectly through mechanical, objective and physiological phenomena, which take place in the body and particularly in the brain."

To quote Lugaro: "Taking all things into consideration the pathological phenomena of the mind differ from the normal only in this, that the organic processes corresponding to them are not the pure result of the co-ordination of the internal and external forces acting on the organism along the

usual paths, but owe their singularity to the intervention of unusual and disturbing influences and to their being carried out in altered and mutilated tissues. Knowledge of mental diseases in the strict sense of the word can only be obtained by progressive interrogation of psycho-pathological data along with those of general pathology, of etiology, of physiology and normal and pathological anatomy. It is only in this way that mental diseases will cease to be mere enigmas and psychiatry will become, as it ought, a recognized branch of general medicine."

As the result of laboratory experience and clinical observations, Crile has found that exhaustion produced by intense emotion, prolonged physical exertion, insomnia, intense fear, certain toxemias, hemorrhages and conditions commonly designated surgical shock, produce similar outward manifestations and identical brain cell changes. He says: "It is impossible to conceive how any mental action, however subtle, can occur without a corresponding change in brain cells."

The word "insanity" is generically applied to designate certain morbid mental conditions produced by disease or defect of the brain. It is strictly a legal and sociological concept and should have no place in the terminology of modern, scientific medicine. It is loosely used to signify certain kinds of lack of social adaptation, where the conduct of an individual renders him incapable of getting along in the community. Its definition has been variously attempted and still is far from perfect.

Many general systemic diseases produce disturbances of the mental faculties. On account of their being transient in nature, slight in intensity and associated with some particular disease, these disturbances are not included under the head of insanity proper. They are thought of as functional disturbances, which in the course of a short time will pass away and leave no permanent damage to the brain.

The social limitation, which compels the drawing of an arbitrary line between so-called functional diseases, such as the psycho-neuroses and the deliria on the one hand, and the outspoken psychoses on the other, is a great obstacle in the path of scientific progress in study and classification of the diseases of the central nervous organ.

In our excursion into this vast and extensive borderland, whence some pass

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through the ivory gate never to return and others come back with memories of strange phantasies, we are apt to lose our way, if we do not orientate ourselves most carefully in our investigations.

Realizing the limitations of our knowledge and equipment, we shall, therefore, adhere, largely if not altogether, to the viewpoint of the corporeal character of mental diseases and not assume purely physical origins; we should consider mental diseases as having their basis in "morbid conditions of the brain, the result of defective formation or altered nutrition of its substance, induced by local or general morbid processes, and characterized especially by non-development, obliteration, impairment or perversion of one or more of its psychical functions." Of course, in our journey we shall come in contact with those who are exploring the field from other directions. From them we shall undoubtedly gain much knowledge that will be helpful in our work.

It is now generally recognized that the brain is the organ of the mind, and that no mental process ever occurs without a corresponding physical process taking place in the brain. By its evolution it has become the dominant part of the central nervous system. The human nervous system must be considered as a single and solid entity. It is the adjusting and regulating mechanism of the organism. It correlates the internal functions of the body and is the means of its adaption to external surroundings. Its efficiency in this respect depends upon the fundamental factors of the action of environmental agencies and of the integrity of the receptive organs.

When we speak of the integrations or integrative actions of the nervous system, we mean those processes by which the various parts of the organism, complex and unstable in themselves, are brought together to work as a harmonious entity.

From the psychological standpoint we employ the expression to denote the combining of several psychical elements into a complex entirety. Its use in the latter sense is based on hypothesis and will not yield fruitful results, unless we are capable of recognizing and defining the mental elements we speak of.

As Stewart Paton has pointed out in his paper on "Mechanisms of Individual Adjustment," "we often tend to place too much emphasis upon those phenomena occurring within our own body, while neg-

lecting the equally important factor in each reaction of the environment. Adjustments in the so-called higher planes of activity always depends upon changes occurring in lower levels, and as a matter of fact, the former are only possible as long as the latter continue. \* \* \*

"Adjustments in the will-level always predicate the existence of reflex and automatic activities for without the occurrence of the latter life cannot exist."

Crile states that whether the energy of the brain be discharged by injury under anesthesia or by ordinary muscular exertion, identical morphological changes are seen in the nerve cells. In shock from injury, in exhaustion from overwork and exhaustion from pure fear, the resultant general functional weakness is similar—in each case a certain length of time is required to effect recovery and in each there are morphologic changes in the brain cells. The altered function and form of the brain cells are due to an excessive discharge of nervous energy. He further assumes that the discharge of nervous energy is accomplished by the application of the laws of inheritance and association, and concludes that this hypothesis will explain many clinical phenomena.

He states that phylogenetic association may result from stimulation of the distant receptors through sight, hearing, smell, or by representation of physical experiences, as well as from physical contact. The effect upon the organism of the representation of injury or of the perception of danger through the distance receptors he designates as fear.

Worry is a succession of fear states. If there is no motor outlet, and repression takes place, the accompanying biochemical secretory alterations act perniciously upon the organism.

The transmission of the neuropathic constitution has been shown by Rosanoff and Orr to follow Mendelian principles—being of the nature of a transmission from generation to generation in the manner of a trait, which is recessive to the normal condition. They estimate that about 30% of the general population, without being actually neuropathic, carry the neuropathic taint from their ancestors and are capable under certain conditions of transmitting the neuropathic make-up to their progeny.

"An individual is the result of two complexes of tendencies, those that are inborn and those that influence him from without."

In studying heredity we have been ac-



customed to ascertain the existence of nervous or mental disorders in the branches of the family tree, but have given very little attention to the transmission of innate tendencies and the predominance of physical types. Here we find that environment aggravates the type and the tendency through example and imitation.

A large group of cases which lie on the borderland between internal medicine and psychiatry are the so-called psychoneuroses. They are more frequently met with than any other form of nervous and mental disorder. Here we find all sorts of failures of adaptation, of emotional and instinctive disorder with repressions, dissociations and reflexions from or into the physical realm.

We bespeak a greater interest on the part of the general practitioner in these cases. One finds here that as a result of the disturbances of the instinctive processes, there arise emotional perturbations which are accompanied by a host of symptoms of functional physical disorder. Our experience gained from the study of these patients is that invariably all previous therapeutic efforts were directed to the symptomatic relief of physical symptoms by pharmacological and mechanical methods, without any attempt to combat the essential instinctive, emotional and environmental causes. The day is at hand when we must take both the psychical and the physical in the strictest correlation in the consideration of our therapy.

In this connection may be cited the case of a patient who consulted me for treatment on account of neurasthenia. He suffered from vague distressing pains in head, neck and shoulders, was irritable, readily fatigued and had a certain degree of loss of efficiency, etc. He had consulted a physician who diagnosed his condition as neurasthenia. A careful examination revealed an extensive fibrositis affecting the neuro-muscular apparatus of the scapular, cervical and occipital regions. The constant reflexion of the pain and discomfort from the nerves of deep sensibility into his sensorium made him concentrated on himself, and as a result of the suggestion of neurasthenia he developed a complex of ideas which had associated with it an unpleasant emotional content.

By mechanical therapy he was given early relief from his physical suffering, and along with it the mechanism of his mental attitude explained with the result that his neurasthenia shortly disappeared.

What do we find upon close analysis in

the great majority of mental disorders? There is always some physical disorder in the widest sense of the word preceding the onset of mental phenomena of an abnormal character. It takes but a trifling physical disturbance to unbalance the mind in those persons, who are defectively organized through inheritance, whereas in the normally organized the most severe physical alterations, the result of disease, leaves the mind intact.

Here we would do well to consider the influence of the emotions upon bodily alterations. The careful study of the visceral, vasomotor, motor and sensory symptoms of a more or less transient character—to which so little attention is paid by the general practitioner—will often reveal the latency of emotional disorders and may often enough serve as the starting point for an inquiry into the content of the emotional field. Associated with the emotions are certain innate specific tendencies or instincts, as McDougall has so illuminatingly described in his book, entitled, "An Introduction to Social Psychology."

As the result of definite stimuli coming from the environment, impulses arising from these innate specific tendencies of the mind compel the individual to react in certain definite ways without having first learned from experience the need of such behavior. Here is a broad field for co-operative work between the psychiatrist and the internist, and it can be approached from both ends.

"Normally the individual adapts himself to reality and co-ordinates between desire and circumstances. This is a high level of conduct. Frequently, however, the tendency is to gratify desires by seeking refuge in internal mental operations. This is a method of escape from reality in persons who are unable to adjust themselves by action to the difficulties encountered from without. The less a person could satisfy his instinctive impulses by activities, the more he tends to become unbalanced. The formation of delusions seems to be an attempt at adjustment against internal conflicts—a substitute for efficient action."

When the general physician notices the cardinal symptoms of an incipient psychopathic condition, failures of adaptation to the milieu, etc., and cannot explain them by any correlation to the somatic disorders he finds, it is then that the psychiatrist may be helpful. He should learn not to make too little of them but to evaluate them as

indices of an impending grave disorder.

The failure of the general practitioner to discover and treat these conditions early—and the opportunity presents itself to him as to no other—is one of the reasons why many patients have to be ultimately sent to institutions.

Nearly every physical disease is associated with mental symptoms of one kind or another.

In many cases of cardiac disorder nervous and mental symptoms are often manifested early. Slight valvular disorder, producing cardiac muscle strain and arrhythmia may cause emotional states of depression, anxiety and fear, independently of any worry about the disease. It is a problem for the internist to determine whether some at least of the depressions of the fourth and fifth decades may not be due to nascent cardiac disorder. The exhaustive work of Alfons Jakob, the interesting paper of Cotton and Hammond and the work of other writers show us that following the appearance of organic heart lesions, psychic symptoms supervene; whether the lesion is purely myocardial or endocardial in character does not seem to be of moment. The precipitating factor which seems to be necessary in practically all cases is a severe emotional shock. The previous condition of the patient appears to be of little importance. No predisposing psychic factors in make-up appear to be necessary. The principal clinical features of such cardiac or circulatory psychoses is the complex of anxious depression with sudden onset and extremely irregular course, with principally nocturnal delirious episodes, vivid reaction to hallucinations and an early fatal termination.

Another matter of the greatest importance is the early detection of nutritional failures in children, and the correction of faulty development. In its effects upon the growing child, the importance of food cannot be too strongly emphasized, as it determines his future to a large extent. During the plastic period of life the effect of food and environment in the prevention of serious mental maladies cannot be impressed upon us enough.

Peculiarities of conduct and disposition may often be traced back to defects of physical organization. Here the role played by the glandular organs primarily producing various abnormal types of development may be frequently seen.

For example, males of the feminine type of build and females of the masculine type,

exhibit many abnormal instinctive reactions which bring them into disharmony with their fellows. As a result of perverted reactions they do not fit into the social fabric, they are unable to withstand the social rebuffs they receive from their fellows, and this may send them into a depression or an apparent dementia. These are types of biological misfits in which instinctive desire and environmental demands are at variance, with resultant emotional repressions and conflicts and disordered action of the intellectual sphere. The scientific diagnosis, and sympathetic understanding of these patients must yield therapy along two lines—psychical and physical—psychical methods to remove conflicts, to regulate innate tendencies, and to promote the proper adjustment to the environment, and physical measures according to symptomatic indications.

In the borderland must also be included all those who are acutely sick, the feeble-minded, the so-called neurasthenics, criminals, paupers and prostitutes. It falls to the lot of the internist to see most of these cases first. Daily the physician and the surgeon meets with psychic factors in the disorders of the patients they treat, but yet they are of passing concern to the majority of them, either because it is terra incognita to them or they are not equipped to care for them intelligently.

"The interstitial gland structure of the sexual organs function independently of the genetic gland structure. Functionally correlated with the sex glands are the thyroid, the parathyroid, the hypothysis, the pineal gland, the cortical portion of the suprarenal gland, the thymus and probably also the islands of the pancreas. For a proper study of this subject there should be a systematic examination of all these glands in health and disease at all age-periods and in persons with and without mental disorder.

Now-a-days it is not necessary to offer evidences to prove the importance of the ductless glands in their influence upon growth, reproduction and the general integrity of the human organism.

"Physiology has made great advances in the biochemistry of the ductless glands and the influence of their internal secretions on the bodily functions. This knowledge should be applied to the study of psychiatry."

Mental disorders are especially common during the critical periods of life, particularly in adolescence and at involution. As



Dr. F. W. Mott has queried: "Should it be assumed that the mental disorder of the true insanities or psychoses, even those which terminated in dementia, should be explained by structural changes in the brain; or should it rather not be believed that they were due to disturbance of the physiological equilibrium, and of the internal secretions of the ductless glands, in many instances working on a weak inheritance?"

Cushing says: "It is quite probable that the psychopathology of every day life hinges largely upon the effects of the ductless gland discharge upon the nervous system. This is particularly worthy of consideration in the study of child psychology in its relation to puberty and adolescence, especially in those individuals in whom there is some underlying, possibly inherited functional deviation in the chemistry of the internal secretions."

"At any age, however, in the presence of some ductless gland irregularity, psychic shocks, which in chemically speaking, more stable individuals would be transient, may produce secretory disturbances characterized by more or less chronicity."

The necessity for psychopathic work in connection with general hospitals is becoming more and more recognized.

As Dr. William A. White has well stated, "The problem of mental disease is a far-reaching one. It has not received the attention it demands. It is a problem of the greatest importance from an economical standpoint. No class of people in the community probably cost more in dollars and cents to care for than the mentally diseased and defective."

"As it is at present, mental disease goes practically unrecognized not only as far as our public hospitals are concerned, but so far as a large number of practitioners of medicine are concerned, and no effort is made to help the incipient cases previous to a frank outcrop of symptoms, which makes their incarceration necessary. In fact these people have no place to go, except in rare instances, where they may get intelligent advice, and so the problem is not recognized, until the period is passed when treatment might avail."

According to a list prepared by the National Committee on Mental Hygiene in March, 1915, there are in the whole country only six psychopathic hospitals and seven psychopathic wards connected with general hospitals.

In every large city there should be a

psychopathic department in connection with its municipal hospital, where mental disorders, particularly in their early stages, may be treated under favorable conditions, such as are afforded general medical and surgical cases. Such a department, under the care of specially trained men, must necessarily become a valuable adjunct to the general hospital service while the co-operation it will receive from the surgical, medical, pathological and other departments can not but serve as an impetus to the psychiatrist.

There are many other advantages and opportunities of a sociological, economic and educational character, which may result from such an association, but the time allotted this paper will not permit of their discussion.

In 1908, as the result of certain problems connected with the care, treatment and transportation of the indigent insane of the city of Newark, its Board of Health established a psychopathic service in the municipal hospital under its care—the first of its kind in the State. The work was a new departure and the facilities were limited. Male patients were received into the alcoholic ward containing fourteen beds and female patients in a small ward containing eight beds.

Up to the present time about 3,000 patients, including alcoholics, have passed through these wards. Of this number a little over 700 have been certified as legally insane and committed to the State and county hospitals. Although it has had a small beginning, with inadequate equipment and poor facilities, it has been of value to the community and of great benefit to the mentally afflicted.

Connected with the largest municipal hospital in the State, and situated in an area of densest population, our hope is that it may serve as the nucleus for the establishment of a psychopathic clinic or reception hospital, along the lines recommended by the New Jersey Commission on the Care of Mental Defectives in their report of February 26, 1914, made to the Governor of the State in pursuance of a Joint Resolution of the Legislature, approved April 3rd, 1913.

Lewellys F. Barker, addressing the American Medico-Psychological Association, said: "Psychiatry, as I see it, is a large and very important chapter of Inner Medicine. Every internist should have at least some training in psychiatry and every psychiatrist should be well versed in



the fundamental facts and methods of study of general medicine."

I have endeavored to touch upon the subject of mental disorders from the point of view of its relations to the internist in order that he may help the progress of psychiatric knowledge along the lines suggested by Professor Barker, "by studying carefully the bodily 'equivalents' of psychic phenomena, the contractions of striped and unstriped muscles, the activities of the glands of internal secretion, the respiratory and vaso-motor changes and the modifications of coenesthesia. Present-day studies of the abnormalities of the functions of the autonomic nervous system on the one hand and of the diseases of the ductless glands on the other, and their relations to the mind are instances, which illustrate the possible influence of Inner Medicine on a developing psychiatry. We have far to go, but we are on the way."

#### DISCUSSION.

**Dr. Frederick C. Horsford, Newark:** When Dr. Beling decided to write an essay for you on the subject of "The Borderland of the Psychoses," he recognized the difficulty of putting scientific psychiatric studies into a word picture, that would retain its scientific lines and at the same time be so easily comprehensible as to entertain and instruct. Those who are familiar with the latter-day literature from the disciples of Jung and Freud, will perhaps, be glad that Dr. Beling did not ask us to follow him through the tangled maze of dream analysis, or in quest of the primordial instinct of germ plasm. I am pleased to congratulate Dr. Beling on the interesting and valuable paper he has produced. Dr. Beling and I were associated for many years in institutional work, and in more recent years, again more or less intimately connected in correlating our knowledge and experience in psychiatry and internal medicine, from the standpoint of the neurologist on the one side, and the internist on the other. We have very naturally then, worked toward similar conceptions of the borderland of the psychoses. The subject is a very broad one and would permit of excursions in many directions. I shall endeavor to emphasize some points that appear important from the view of the internist.

Dr. Beling tells us that the borderland of the psychoses is inhabited by those individuals whose weak nervous vitality, in whole or in part, results in such a dis-equilibrium of the nervous functions as to constitute the potential for mental unbalance. Mental activity has its basis in physico-chemical processes. We are all taught, however, that thought and feeling may not be likened to the functional product of glandular structures; that thought is a shadow, an intangible something out of the realm of the material. Yet, so far as we know, without the material there is no shadow; the realm of the immaterial is conjecture. It has not seemed to me inconceivable, that thought and feeling are states of matter and

that the proper combination of atom, with perhaps some unrecognized elemental substances, is necessary for their expression.

It is true, as Dr. Beling states, that those psycho-neurotics who constitute so large a class of complainants for relief at the hands of the internist, should have more than drugs and mechanical treatment. Even these measures, I think, might be more intelligently directed than is the custom, where so little attempt is made to reduce the analysis of disease or disordered function, to its lowest terms. It must be understood that the nervous irritable organization of the psycho-neurotic is vulnerable to the reducing power of substances, which in kind or quantity would have perhaps, no pronounced or appreciable effect on the nervous manifestations of a strongly constituted individual. It appears difficult for medical men, unfamiliar with the concept of "unstable nervous organization," to understand the powerful effect, on degraded nervous tissue, of such common irritants as alcohol and coffee; mild conditions of acidosis, due to metabolic disorder both of proteids and carbohydrates; the toxæmia of gastro-intestinal stasis and in very early renal insufficiency. With these problems of ultimate diagnosis approached along most painstaking and scientific lines, one has the way paved to some measure of success in rational physical treatment, and then may attempt the re-education of the distorted psyche.

Public education, in matters pertaining to health, has received, during the last few years, a considerable impetus. Instruction in respect to the nature and prevention of mental disease, might well receive more attention. Education of the public, as to the nature and prevention of disease in general, should be the task of every physician in his daily intercourse with patients. We recognize the potential diabetic and the man who is developing cardio-vascular renal disease, and teach him how to adapt himself to that weakness of organic construction, which predisposes to these disorders. We should be able to recognize the individual who is in the borderland or a psychosis; to perceive in him those physical disorders and environmental factors which excite to mental alienation, and urge and urge again upon him, the benefits to be derived from a sacrifice perhaps, of some of the indulgences of life. Of the preventive measures, which are more or less under the control of individuals, alcohol is given as an exciting cause precipitating mental over-balance in from 15 to 25% of all cases of mental disease. I like to repeat this time-worn statement, and I like to hope that sometime, medical men generally, will not only appreciate this fact, but will also recognize the borderland individual, to whom it has a particular application.

Team work between the neurologist and the internist, as suggested by Dr. Beling, might very well be amplified to include all of the departments of medical practice, and is "a consummation devoutly to be wished." The *Gesammt Zustande*, as the Germans express the idea, is altogether the important conception. To make a diagnosis of manic depressive insanity without an intimate knowledge of the entire condition of the patient, takes but a very short distance in the direction of

treatment and leaves the patient to the tender mercies of restraint. The psychiatrist must be an internist. The man practicing in any special department of medicine ought to have a wide knowledge of nervous pathology, especially of the morbid trends of the mind. I believe that mistakes in diagnosis are often due to the fact that the complaints of psychoneurotic patients are accepted at their face value; mental disorder is not recognized and discounted, in relation to a very careful checking up of physical signs. When one is familiar with the exaggerated delusional ideas and emotional states of the insane, and recognizes these as they appear in the less fantastic expressions and behavior of borderland cases, mistakes will be less frequent. The physical and the psychical side should be recognized and correlated in diagnosis and treatment.

The cases of organic heart disease, referred to by Dr. Beling as accompanied by psychoneurotic manifestations, are not very uncommon. I have observed such cases in children as well as adults. I believe that the morbid mental phenomena are developed on the basis of nervous dis-equilibrium, and in most cases the inheritance may be demonstrated. The exciting causes may be various combinations of three factors. First, the toxin responsible for the cardiac disease; mostly so-called rheumatic endocarditis or syphilis. Second, the effect upon thought and emotions of pain (not necessarily pre-cardial); of papitation, and of dyspnoea, analogous to the more or less temporary disturbance in angina pectoris and the more enduring mental perturbations of cardiac insufficiency. The third factor is the reaction of the disturbed psyche upon itself.

I am heartily in accord with Dr. Beling, in regard to what he has said concerning a psychiatric clinic in connection with the general hospital. Such clinics will certainly go far in the direction of familiarizing medical men with the character of mental disease, its diagnosis and treatment, and will help to break down that error of conception, which makes the sufferer from mental disorder another kind of person from the individual who is in the delirium of uraemic poisoning or an acute infectious disease. It should be the concerted effort of medical men to break down the barriers of distinction between diseases of the mind, and other organic disease, and to banish from the public mind the idea that a stigma attaches itself to one who suffers from mental alienation.

The problem of the recognition and care of the feeble-minded is one which is occupying the attention of social workers, educators, jurists and medical men, in many countries. It has been recommended in the State of New York, to follow a plan recently adopted in England, which has for its foundation a State Commission to control and supervise, through its local agents, board of health or health officer, the registration, supervision and care of mental defectives. Under such a plan the psychiatric clinic of the general hospital would be the natural arm of the health board in that part of its work which has to do with diagnosis, prognosis and recommendations for treatment. The psychiatric clinic would then be a clearing house for the insane, as it is to-day in the Newark City Hospital. It would be as well a

clearing house for mental defectives under State control. In Essex County, during the past year, these problems have been studied and discussed. The need has been recognized of stimulating such a measures of enthusiasm among medical men, as will lead them to take an active and prominent part in organizing plans for the State control of mental defectives.

**Dr. Stewart Paton, Princeton:** Dr. Beling has told us that a modern alienist should be in direct contact with the work of the general practitioner, specialist, psychologist and chemist. Think of what this means. Chemical problems of psychiatry are very interesting but they are exceedingly complex as they relate to the question of internal secretions and the conduction of nerve impulses. If the alienist is to keep abreast of the time and practice of his profession, we must insist upon a new form of administration in conducting the affairs of the hospitals for the insane. Under the present routine, a physician has practically little time to devote to the study of cases. Dr. Cotton, of Trenton, has given a remarkable demonstration of what can be accomplished in transferring the old type of asylum into a hospital. It is not right, however, that the State should demand such sacrifices as those made by the medical officers in the attempt to introduce the methods of modern psychiatry into an environment similar to that existing in the old type of asylum.

In dealing with the great problems relating to the care of the insane our intelligence as citizens is at stake. Our duty is very plain. We should let the legislators and the public know that our present institutions are not adapted to modern hospital treatment of those who are suffering from nervous and mental disorders. The resident medical officers should not only be encouraged to undertake the scientific study of the patients but they should be given every assistance in the form of laboratories fully equipped, a large supply of current medical literature and plenty of time to visit other institutions and to discuss the medical problems with those who are engaged in similar lines of research.

**Dr. W. M. Leszynsky, New York City:** I had the pleasure and privilege of reading Dr. Beling's paper before its presentation, and I am fully in accord with the views therein expressed. That the subject is of practical importance to the general community as well as to the medical profession, is best known to those experienced in this line of work and its ramifications. The assumption that there is a physical basis for many conditions of mental derangement, has been amply supported by careful clinical observation. On the other hand, somatic disturbances resulting from emotional states, are of quite common occurrence. Neurologists have long been familiar with psycho-neurotics who present no evidence of physical disorder, and who have been cured by suitable psycho-therapeutic methods. Therefore it should be well understood that ideas or beliefs may prove pathogenic or therapeutic according to circumstances.

Individuals affected with psycho-neuroses, or those in the early stages of some of the psychoses, are usually very difficult to manage, even under the most favorable conditions.



Hence, the physician who does not fully comprehend or realize the significance of the manifestations in such cases, will soon discover that he is doing an injustice to himself and his patients, should he undertake to manage them by the administration of medicinal remedies.

No reference has been made to the fact that in every modern psychopathic hospital or clinic one of the most important and essential features in the study and management of so-called borderland cases, is the co-operation of the trained and experienced social service worker. Without this collaboration very little can be accomplished, when one considers the necessity for ascertaining facts regarding heredity, environmental influences, association, etc.

We are still awaiting a satisfactory solution of the old but vitally important problem relating to the establishment of a special institution for the care and treatment of people of limited or moderate means, who are afflicted with psycho-neurotic or other nervous disorders. The lack of suitable or adequate provision for a large and rapidly increasing number of such unfortunates, who are ineligible for admission to a general hospital or institution for the insane, is more in evidence than ever. If the medical staff be properly constituted, such a neurological clinic could be satisfactorily managed independent of a general hospital service.

**Dr. Britton D. Evans, Morris Plains:** I wish to say a word in endorsement of Dr. Beling's paper. It has been intelligently prepared and we ought to feel grateful to have such papers presented to the Society. I would like to take up one point that Dr. Leszynsky spoke of: The matter of the State's care of its insane; I don't believe the medical men of this State have really thought about it seriously. The counties, under a law which permits them to build any sort of a shack and call it an institution, can "start an insane asylum," as they call it, and draw from the State treasury \$2 per capita per week for the maintenance of the patients, just exactly what the State institutions draw.

As our laws now exist, we have no standardization of our institutions; they can all take their equal amount per capita per week from the State treasury, without the intelligent men and women of the laity and of the profession understanding that they are being taxed for the upkeep of institutions having no standardization. The State has no representative in their management to have a voice as to how they shall use the money they receive from the treasury. Some have no resident physicians; some have some equipment, and some none, but there is no standardization; and there is no competent, well-equipped superintendence of them from a central State authority of any kind. Dr. Leszynsky advanced the idea that the State should control the county institutions. Nobody questions it. It has worked beautifully, where adopted, and it is worth considering.

**Dr. Henry A. Cotton, Trenton:** We all know the necessity for systematic intensive research work in the field of psychiatry. The whole problem is not the care of the insane; but the study of the insane is something which has

been neglected, not only in this country, but in every country, until a few years ago. To-day we are not only concerned with the custodial care of the insane, but with the scientific study of mental diseases; and I think that those who are familiar with the work that is being done in the county and State hospitals, will agree with me that the progress made in the last few years certainly has been remarkable, considering the long years in which nothing was done. So long as you fed your patients, clothed them, and saw to the visitors and were a good housekeeper, you were considered a good superintendent.

To-day that standard does not hold. The man who wants to consider himself a modern institution man, must grasp the problems of research, especially in the pathological field as well as research into heredity. I don't think the latter is as important as it has been considered by some investigators; but the laboratory research into the causes of mental diseases, studying the brains under the microscope, studying the glands of internal secretion and their relations to mental diseases is very important. All our progress made in mental diseases has been done through the laboratory. I want that emphasized; and I think that we want to make the legislators understand the need of appropriating money for this purpose.

I am a sort of therapeutic optimist; I think pessimism has ruled long enough; and when we contemplate the systematic, scientific research that is going on to-day, we can look forward to the time when these problems, which seem so complicated and unsolvable, will be better understood.

**Dr. Gordon K. Dickinson, Jersey City:** I can not but contrast last night's paper, by Paton, and to-day's talks by the alienists. Paton should have been in the symposium. The alienists' talk failed to bring in preventive psychology, and that is the talk of the day in all other branches of medicine. Dr. Paton brought it in last night very thoroughly.

Now, we must, as Dr. Paton suggests in his remarks, get back to nature, if you want to avoid filling your asylums; and you go on filling them with cancer and insanity. They are on the increase, and nothing else; everything else diminishing, the curve is running down, and they are both due to our methods of civilization, and they are both analogous conditions. One of the cell, and the other of the physiology of the cell—one of the morphology of the cell, and the other of the physiology of the cell; and they are both brought about by our methods of civilization, I believe.

You never see cancer in those who are not thoroughly civilized and working for that which we love and think so much of in our methods of civilization. We must have something brought to us in which will tell us how to avoid becoming insane and getting into Dr. Evan's asylum. (Laughter and applause).

**Dr. Elton S. Corson, Bridgeton:** Mr. Chairman, there has been a few remarks made here that seemed to me either to demand correction or the conditions investigated. In the first place, Dr. Johnson makes the remark that the county asylums are not on a par with the State asylums.

Now, as a representative of Cumberland

County, of course, this matter affects us very materially. I wish that Dr. Smith, as superintendent of our asylum, were here to reply to this matter personally. If this is a matter which has a basis in fact it seems to me it demands the investigation of the Medical Society, if not of the officers of the State. In view of the statement that is made here, so far as our local institution is concerned, if the State has no authority over our county institution it narrows itself down to a condition, similar to this: Our medical superintendent is answerable to the Board of Freeholders; the Board of Freeholders appoint a committee of supervision and a superintendent of this institution; it further narrows itself down to a local committee who have the supervision of our county asylum; and under such circumstances, any one can realize the fact that we are proceeding on a basis that is not scientific; we are proceeding on a basis which demands correction. This is too serious a matter—a matter which I am certain, if it exists in fact, should demand investigation. If the standardization of our State institutions is necessary, this fact, this condition, if it applies to our county asylum, is one that demands immediate investigation. It is a serious charge made against our county institutions and, as a member of the society from Cumberland County, I think should be looked into immediately.

**Dr. Britton D. Evans, Morris Plains:** I think the gentleman has taken too seriously the remark of standardization of all our institutions which care for the public, and especially those who draw from the State treasury. It is intended to reflect upon no institution, but to bring all institutions up to a standard which the public will approve and the conscientious men who know something of the work will feel it is a credit to them and to the State in which they are working; but no charge has been brought against any institution; it is only a plea for the uplift and better conditions for securing a higher order of work.

**Dr. Talbot R. Chambers, Jersey City:** Dr. Paton made a remark that the failure of our institutions was due to various things; and I want to simply voice the feeling of the profession of this State that we are very proud of Morris Plains; and if we could only take out that thousand—that ten hundred over the sixteen hundred which it ought to hold and farm those out, then he could carry out his ideal work in his institution and any remark like the word failure could not apply.

**Dr. Beling, in closing:** I have nothing to add, except to say that I am very grateful to all who have discussed my paper, and I agree with Dr. Cotton, but we must not forget that we have a sociological side to this problem.

Don't operate upon a case of cancer before excluding, as far as possible, the existence of a metastasis. It would be distressing and embarrassing to learn soon after submitting a patient to radical breast amputation that the pains she had complained of in the extremities came from a metastasis in the vertebrae.—*Amer. Jour. of Surgery.*

## THE DIAGNOSIS OF NEURASTHENIA.\*

BY THOMAS P. PROUT, M. D.  
Summit, N. J.

Neurasthenia has been for the last thirty years a vertiable hodge podge in which have been deposited every sort of syndrome that has failed to classify under some other head. The result has been that when we seem to analyze them even a very little we find cases masquerading as neurasthenia as widely separated from each other as mania and melancholia on the one hand, or as Graves' disease and the neurosis of the menopause on the other. If we intend the term neurasthenia to mean that physical insolvency which is manifestly the result of over activity and consequent exhaustion, either as a result of unrequited labor and care, or worry and trouble, or perhaps as the sequel of some one of the infectious diseases, then we must certainly revise most of the things written on the subject and not allow the term to cover up various syndromes in their milder manifestations and be content with the resulting confusion both as to the management of the patient and as to his or her classification.

As an illustration of my meaning, I not infrequently find myself in this sort of a position. I have been invited to see a patient who is depressed and sleepless, no appetite, losing flesh, not inclined to physical exertion and unable to do his accustomed work. Not normally responsive, he nevertheless presents a degree of hopelessness regarding himself and his affairs incumensurate with the fact. Apprehensive about everything relating to himself, his family or his environment, he shows a pronounced dearth of ideas and slowness of thought and sees only the dark side; his face wears a troubled expression and he is unable to develop an interest in the things that have usually interested him and is gloomy and irritable. The wife probably volunteers the information that "the morning is his worst time," and she will probably add that "he would be all right if something could only be done about the early morning" and that "the evenings are pretty comfortable."

A little inquiry reveals a depressed mental content of melancholic type and one or more previous attacks. Perhaps the length

\*Read at the 149th annual meeting of the Medical Society of New Jersey, at Spring Lake, June 22, 1915. Third Paper of Symposium.



of the last attack is stated as having been of several months duration.

With all these facts in mind the opinion is given that he will be unable to return to business for several months, the number of which depends, of course, largely upon the length of the last previous attack; and then one finds, perhaps, that the family physician has ventured the opinion that he will be ready for work after he has rested for two or three weeks. There is, of course, more or less chagrin all around but the case drags its laborious way for several months just the same.

My point is that such a case as this should not have been diagnosed as neurasthenia at all, but rather as a case of melancholia of recurring type, and the prognosis as to recovery should have been gauged upon the length of the previous attack. Then if the duration of the previous attack was four weeks, it could positively be stated that the length of the present attack would be at least longer than the last and plans should be made accordingly. It should be recognized that these cases do not belong to neurasthenia, but rather, that they are cases of melancholia, that the principal factor, viz., the exhaustion conditions productive of neurasthenia are in the main absent, and it is no more right to consider them neurasthenia because of their lack of physical ability, than it would be to call them typhoid fever because they are staying home from business. Some of these cases become hypomaniacal, but I have never known this state to be looked upon as neurasthenia except in court.

There are principally three other classes of cases of some considerable proportions that are often allowed to pass as cases of neurasthenia; viz.: (b) dementia praecox of mild type; (c) menopause neurosis; (d) milder type of Graves' disease.

In my opinion the cases of dementia praecox of mild type are quite as easily distinguished from neurasthenia as almost any other syndrome, yet, because the patient is irritable when addressed, or declines to answer simple questions, seeks solitude and shows no interest in her accustomed activities, presents a loose and desultory train of thought strung through with stereotyped expressions about her life being spoiled and being misunderstood, with perhaps vague delusions of persecution; she is often regarded as suffering from neurasthenia. If this particular array of symptoms together with the shut in personality so characteristic of these cases, and the pa-

tient's general egoistic attitude does not convince us that we are not dealing with neurasthenia, I think the absence of an adequate cause such as exhausting labor or care, and the youth of the patient should in most instances suffice.

As regards the neurosis of the menopause, I am aware of the fact that there are still a few who claim that it has no existence except in the minds of some hysterical women and the whimsical panderings of certain physicians, mainly neurologists. That these women apprehend difficulty at the menopause and it comes as an expression of the fears that they apprehended. It seems to me that this is ignoring entirely a physical fact, viz., that the woman so afflicted is really passing through a serious physical change. A function existent and necessary to perfect health over a period of 36 to 40 years has suddenly come to an end. A set of organs that play an especially active role in the emotional life of the individual have ceased their activity. Certain it is that we no longer deny the existence of a series of symptoms which result from the removal or disease of the thyroid gland. They are definite and positive. And why should we deny that a series of symptoms may follow in the wake of the removal of, or the lack of functioning of another set of organs of internal secretion known as the ovaries. Surgical removal is followed by a series of definite symptoms and their ceasing to functionate is followed by the same symptoms; why, therefore, deny that the syndrome exists. But my main contention is that besides recognizing that it exists we should separate it from neurasthenia, for its management is or should be at least very different. I regard all patients who give a history of scanty and short menstrual flow with marked nervousness, restlessness, and irritability, constipation, abdominal tremulousness with tenderness of the flesh and occasional flashes of heat, as suffering from this neurosis no matter what their age or what additional nervous symptoms they may or may not present. Furthermore, inasmuch as their management is or should be distinctive they should be recognized and classified where they belong.

As regards Graves' disease of the milder type, I shall say very little since these cases are being much more generally recognized than they were ten years ago. The impressive thing is that two symptoms that were looked upon as almost necessary to the diagnosis a few years ago are frequent-

ly if not generally absent. I refer to the exophthalmos and the enlarged thyroid gland. The main symptoms as they present themselves in my experience are the cardiac irritability, a certain amount of increase in the size of the thyroid gland evident only to the palpating finger, an array of cerebral symptoms such as restlessness, irritability and excitability most evident in the manner and the facial expression of the patient. There may also be a certain amount of confusion and forgetfulness. The rapid vibratory tremor of the hands is quite constant and a certain amount of hyperidrosis mostly of the palms. I think failure to recognize these cases is largely due to the fact that we have had so much stress laid upon the so-called three cardinal symptoms of the disease and more particularly the enlarged thyroid. I well remember when I thought the thyroid was not enlarged unless it was large enough so that the patient had to make extraordinary provision for its accommodation in a commodious neck band. But it is astonishing what variations in size we are capable of noting if we get into the habit of palpating the organ. If we get to recognizing this combination of symptoms we will, I think, be astonished to find how many cases of this sort there are that we have been calling neurasthenia. The importance of their recognition from the standpoint of treatment, management and prognosis is of course obvious. There are two other conditions that one ought to mention as clinical entities quite distinct and separate from neurasthenia, viz.: (e) hypochondriasis; (f) hysteria.

I think we all recognize with readiness the hypochondriac. The ritual of his life is all arranged and the details of every conscious act are well worked out. He will rise at a certain time in the morning if the atmospheric conditions are right, but cold and heat, dampness and dryness must come in for consideration and judgment and the elevated places and the areas at about sea level have each magic effects that are known only to the hypochondriac and to the advertising promoter and his lurid pamphlet. It is astonishing what magic effects a few scrawney pine trees can have, or the variation of a few feet in elevation. But all these things are of mighty import to him. Then there is his diet that he has worked out for himself and that he must have as he assures you, because he has made a study of his own case and knows. And he will go on with the details of his life and

his symptoms till one is overpowered with the awfulness and the tragedy of a man getting himself and his petty affairs so much in mind that there is nothing besides that he will think about. His friends, the world about, and even the universe, are covered up in an Olympic atmosphere, hazy with the studied ritual of extraordinary cause and effect.

And as to hysteria, we must of course recognize the fact that we may have an hysterical symptom or two in most of these conditions, but we should learn to recognize them as such and not allow them to cloud the main issue. There is, I think, more danger of allowing hysteria to confuse us on those cases of the adolescent neurosis allied to dementia praecox than in any other of these various conditions. Of course, the mental attitude and the beginning mental symptoms should warn us away from the diagnosis of hysteria.

We should eliminate then from the diagnosis of neurasthenia this array of conditions that has been very largely mixed up with neurasthenia in the general medical mind; and to enumerate them in recapitulation they are:

(a) Cases of simple melancholia of recurring type and not sufficiently severe to warrant commitment to an insane institution.

(b) Cases of the adolescent neurosis belonging, as I believe, to dementia praecox, a very few of whom get on without commitment and make a partial recovery, other examples of which progress into well defined cases of dementia praecox.

(c) The menopause neurosis which in general, I believe, should not be looked upon as an exhaustion state.

(d) Cases of hyperthyroidism of mild type and without exophthalmos and a slightly enlarged thyroid that tend to a comparatively rapid recovery under regulation, but also tend to recur on slight provocation.

(e) Cases of hypochondriasis.

(f) Cases of hysteria.

After this process of elimination we have left the real neurasthenias—the real exhaustion cases. The diagnosis of neurasthenia should be reserved for these states, and we should look, in my estimation, for the particular exhausting etiological factors in these cases, probably to be found in a more or less prolonged period of unrequited labor and care, or prolonged sorrow and trouble, or the exhaustion state may and frequently does, in my experience,



follow in the wake of some acute infectious disease, particularly the grippe.

### DISCUSSION.

**Dr. Gordon K. Dickinson**, Jersey City: May I make bold to make a few more remarks? My attitude towards alienists is pretty much that of John Deaver towards the gynecologist. When the doctor was reading the first part of his paper I felt as if I was hearing something on albuminuria—or asthma—an oldtime talk; but the ending up showed conclusively that the profession is not looking at the patient through the lesion, trying to look at the lesion through the patient, and study him. It is the one thing I have been trying to work out for sometime—is the reason why we diagnose neurasthenia. I suffer from it. I run the whole gamut from melancholia to exaltation daily. It is down in the toxins. It is in conditions which affect the nervous system; it is not the nervous system itself, primarily; and what we want—more papers like the doctor's which will tell us: Let's analyze ourselves a la Paton so we will know how to avoid it. (Applause).

**Dr. Christopher C. Beling**, Newark: Dr. Prout has brought out several very important differentiations; and there was one point that I would like to mention, and it struck me as Dr. Dickinson was speaking, that is, the question of splanchnic neurasthenia; and you find a number of people who are exhausted and suffering; and we find these definite types yielding as Goldthwaite has pointed out. For those individuals particularly there ought to be some type of mechanical therapy and they ought to be made to straighten up.

### EFFECTS OF SYPHILIS UPON THE CENTRAL NERVOUS SYSTEM, METHODS AND RESULTS OF TREATMENT.\*

BY HENRY A. COTTON, M. D.

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The recent developments in the field of therapy in syphilis of the central nervous system make it incumbent upon the general practitioner to familiarize himself with these affections, with their characteristic symptoms and especially with the very early manifestations of the disease. While the problem of treatment of the late effects of syphilis upon the nervous system may be said to be still in the experimental stage, at the same time enough has been accomplished, especially in the treatment of paresis and tabes, to show the necessity for early diagnosis, and thereby treatment, if permanent results are to be obtained. As a rule the so-called nervous patient with

many varied and obscure complaints does not interest the practitioner, and often he is very glad to refer these cases to the specialist. In dealing with insane patients the criticism can justly be made that the practitioner does not concern himself enough with the diagnosis of the case. He merely certifies that the patient is insane and there his responsibility seems to end. And in the past this view of the situation by the general practitioner did not cause any special harm to the patient. There was a prejudice shared by the families of the patients as well as physicians against sending these cases to the hospital or to the asylum until it was absolutely necessary, to prevent the patient doing injury to himself or others. But the modern hospital for the insane has ceased to be merely a custodial institution; instead they can now be looked upon to a certain extent as a true hospital where definite curative measures are employed, and as in other branches of medicine the success of these various measures depends upon the stage in which the patient is received whether or not these measures will be effective.

The practitioner realizes little to-day of the wealth of material at hand and the possibility of successful treatment. Many of the cases coming under his observation would be classed as neurasthenia or hypochondriacal and treatment is instituted to correct this condition. But if the proper methods of diagnosis were employed the true nature of these conditions could easily be ascertained. Here is indeed a great opportunity for the physician who sees these patients during the earliest manifestations of the disease. They have a much greater opportunity than the psychiatrist or neurologist who sees them probably five or ten years later, often at a time when it is entirely too late for effective treatment.

We all realize that this situation is not peculiar to nervous and mental diseases, especially of syphilitic origin, but an early diagnosis is an essential factor in every other disease process. In tuberculosis, for example, it is well known that the success of treatment depends upon the recognition of the symptoms of this disease in its incipient stage, and how hopeless the condition becomes when the patient presents himself for treatment in the last stages. The same condition of affairs is present in the field of nervous and mental diseases, especially when these diseases are of syphilitic origin. Because in the past these diseases have not yielded to any therapeutic procedure, the

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family physician cannot be censured for attaching so little importance to the necessity of early diagnosis.

It has only been demonstrated within the last two years that such fatal diseases as paresis and locomotor ataxia can be successfully treated in the earlier stages, and in these characteristic types of syphilis of the nervous system we find that in paresis, in only a very few cases was the diagnosis made at the time when the patient was committed to the State Hospital. In analyzing the statistics of 127 cases of paresis admitted in the last seven years at the State Hospital at Trenton, we find that the average duration from the onset of the symptoms (that is from the time they were recognized by the members of the family), until committed to the hospital was  $1\frac{1}{2}$  years. From our experience in the treatment of these cases we would say that the majority of these patients, after one or two years, were beyond all hope of successful treatment. But, if such cases were diagnosed and treated in the incipient stage of the disease, practically all could be cured.

We have treated thirty-one cases of paresis for a period of two years and over and the result of that treatment is as follows:

Eleven cases or 35.5% have been definitely arrested; 7 cases or 22.5% have been much improved; 7 cases or 22.5% show no mental, but some physical improvement; 6 cases or 19.5% died while under treatment.

Many of our cases now undergoing treatment, thanks to the family physician, are being sent to the hospital earlier and our percentage of cases will be much larger in our next series than they are at present. We are firmly convinced that with early recognition of the symptoms in paresis and locomotor ataxia the percentage of cures will be materially increased.

What are the symptoms by which these disorders can be recognized, and what are the methods that can be used by the physician in their detection? A recent article by Head and Fernsides (*The Clinical Aspect of Syphilis of the Nervous System in the Light of the Wassermann Reaction and Treatment with Neo-salvarsan*. Brain, Volume XXXVII., Part 1, September, 1914), is extremely instructive and should be read by all who are interested in this subject. The patients seen by the authors of this article were those who came to the out-patient department of the London Hospital and because of symptoms suggesting syphilis of the central nervous system,

further laboratory tests were made and they were successfully treated by means of salvarsan. They divide syphilis of the nervous system in two large groups. The first type they designate as meningo-vascularis which is further subdivided into: (1) Cerebral forms; (2) hemiplegia; (3) affection of cranial nerves; (4) muscular atrophy; (5) myelitis; (6) lateral and combined degenerations of the cord, and (7) epilepsy. The second form they designate as syphilis centralis which is subdivided: (1) Paresis; (2) tabes dorsalis; (3) muscular atrophy; (4) optic atrophy; (5) gastric crises; (6) epileptic. The differentiation between the meningo-vascular type and the central type was made chiefly upon the Wassermann reaction, and the effect upon these reactions with the treatment of salvarsan. Unfortunately they have not had an opportunity to observe the type of cases which are committed to institutions for the insane. From our experience we would be inclined to disagree with this division into two types of the disease, but rather to consider meningo-vascular type as an incipient stage of the central type. Thus they state that many of the patients of the former type show all the symptoms clinically of the latter type, but the effect of treatment on the Wassermann reaction (which becomes negative under neo-salvarsan) differentiates the first from the second. It would be too long in this paper to go into a detailed symptomatology of the various groups made by Head and Fernside as it is not essential that the physician should make a technical differentiation between the various types. It is essential, however, to recognize the symptoms which point to a possible luetic disease. Often there is no sharp line of demarcation between these various types. The patient with myelitis is very apt to have pupils which do not react to light, or hemiplegia may be accompanied by signs of the lesion of the spinal nerve roots, or bulbar symptoms may be associated with a disturbance of micturition. The morbid process underlying these conditions is the same, they are only different manifestations of the same disease.

Since the epoch-making discovery of Moore and Noguchi who found the spirocheta pallida in the brains of patients dying of paresis, we have discarded the idea that tabes and paresis were para or meta syphilitic conditions. The long interval which often occurs between the time of infection and the appearance of this disease has not been fully accounted for, ex-

cept that we know that the organism remains in the system often producing no recognizable symptoms until the appearance of the symptoms of the meningo-vascular condition. The pathological process underlying paresis and tabes does not differ from that of the primary, secondary or tertiary stages of syphilis. The principal difference lies in the type of tissues attacked by the spirochete; so we must consider this disease due to the activity of the *spirocheta pallida*; and the problem presented is simply that of destroying this organism before it causes irreparable damage.

For a better understanding of these early manifestations it will be necessary for us to clearly understand the method of invasion of the organisms into the central nervous system. It is along the perineuronal lymph spaces, which surround the spinal nerves and extend along the roots to the pia mater, on its path inwards through the spinal nerve roots that the poison is liable to produce an inflammatory reaction. Both Ehrmann and Levaditi have shown that the *spirocheta pallida* may pass from a primary sore along the peripheral nerves reaching the central nervous system by way of the spinal nerve roots. The invasion of the central nervous system may occur at any stage of the disease and is not dependent upon any other factors than the activity of the organisms. It has been shown that the organism found in the brain of paretics does not differ in any way from the organism found in the primary sore. Rivaut in 1903 found evidence of a meningeal irritation in 71, out of 118 spinal fluids examined in acute syphilis, and other writers have demonstrated that in a large majority of cases this invasion takes place in the secondary stage of syphilis. On the other hand they may not invade the central nervous system until years after the primary lesion. Thus Head and Fernside report a case of secondary syphilis in which within three months after infection the signs of irritation of many nerve roots were found accompanied by positive Wassermann reaction in the cerebro-spinal fluid, with increase in the lymphocytes, which was successfully treated by neo-salvarsan administered intravenously. A parallel case is also reported in a patient who developed similar symptoms 28 years after infection which was also successfully treated by neo-salvarsan. Thus it can be seen that the character of the disease does not depend upon the length of time elapsing between the infec-

tion and the invasion of the nervous system.

We have been able to obtain in a number of our cases a history of a disturbance five or ten years before the patients were admitted to the hospital and during the interval no further manifestations were observed. Therefore, we believe that the central nervous system may be invaded and the symptoms become spontaneously arrested after a number of years, or develop very slowly into paresis.

#### SYMPTOMS OF EARLY SYPHILIS OF THE NERVOUS SYSTEM.

The most important symptom of invasion of the central nervous system is the change in the cutaneous sensibilities, but this must be very skillfully investigated by all means at our disposal. They consist mostly in their reaction to external stimuli, and slight loss of sensation within areas of apparent hyperalgesia and bands of changed sensibility, and many paraesthesias, such as peculiar pains in the elbows, knees, ankles, etc. The reaction of the pupils is second only to the change in sensibilities, and practically all of these cases can be recognized in the early stages by sluggish reaction of the pupils, and often irregularities in the contour of the pupils. The judicious use of a small electric flashlight would often reveal changes in the pupils which should make one suspicious enough to have Wassermann tests made of the blood and an examination of the spinal fluid. The next important symptom would be the change in the character of the knee jerks, most important being the absence of the tendon reflex. It is true that a small percentage of normal individuals will show a congenital absence of the knee jerks, but they are so small as to be considered negligible. A difference in the knee jerks, exaggerated on one side, diminished or absent on the other, is also an important diagnostic symptom. Fourth, disturbance of micturition. Fifth, a frequent symptom is that of persistent headache and often dizziness, which does not react to the usual remedies. This is very significant, especially in patients with a history of previous infection. Sixth, frequently the ophthalmologist will detect specific lesions of the nervous system by changes not only in the pupillary reaction, but in the optic nerve, for optic neuritis in some form is often the early symptom of invasion of the nervous system. Seventh, convulsions. Eighth, high blood pressure—220 or so, in a young person without apparent cause. Two patients in the incipient



stage of paresis have shown a very high blood pressure with pupillary changes. The blood pressure called attention to a possible luetic condition.

When such symptoms as described above are found either together or isolated, especially if one has a history of previous syphilitic infection, it should be imperative upon the physician to have the spinal fluid examined as well as the blood. In 45 cases of the cord type reported by Head, the Wassermann reaction was positive in both blood and spinal fluid. In 36 cases of the cerebral type the Wassermann was positive in the blood in all, but in only five cases in the spinal fluid. Our experience would lead us to believe that we cannot differentiate between the cord or cerebral types by the Wassermann reaction, and we have found that in many cases the Wassermann reaction in the blood is apt to be absent, but present in the spinal fluid whether the lesion is in the spinal cord or cortex. While the Wassermann reaction is important we have other methods of examination which would detect syphilis of the nervous system when these reactions might fail. The most important is the colloidal gold test of Lange, based upon the protein content in the spinal fluid and next the increase in the cell count in the spinal fluid. In a few cases of syphilis of the central nervous system the cell count may be negative, but as a rule it is a fair indication of invasion of the central nervous system. The test for globulin by butyric acid may be considered next in importance to the colloidal gold reaction; but it is very rare that one of these five reactions will not reveal the presence of syphilis of the central nervous system.

#### MENTAL SIGNS.

We have spoken at length upon the physical or neurological signs which can be depended upon for diagnostic purposes. The mental symptoms are of much less importance because we cannot depend entirely upon the mental manifestations to diagnose the early symptoms, or even the latter manifestations as seen in paresis. They may be very obscure and then we have to resort to the physical examination or the serological examination in order to differentiate the disease. The most important mental condition, however, is neurasthenia. Kraepelin has emphasized syphilitic neurasthenia as an entity, and there are probably two types; one occurring during the acute stages of syphilis, due more particularly to the worry and anxiety of the patient because of the infection, while the second

type may come later and be the result of the direct invasion of the nervous system, and symptoms of this type of neurasthenia will not differ materially from ordinary types. We have the condition of nervous unrest, discomfort, difficulty in thinking, irritability, disturbance of sleep, headache, and later on there may be a feeling of anxiety, pronounced depression, dizziness, confusion, indigestion, with increase or rise in temperature, and in order to differentiate neurasthenia of this type from the ordinary conditions the physical signs and the serological examinations must be taken into account. In one of our cases of paresis there was a definite history, extending back for four years, of stomach trouble and the patient had spent most of his time in general hospitals trying to get relief. He lost weight and a month before admission developed definite signs of paresis; i. e., expansive ideas, loss of memory, irritability, confusion, etc. He responded quickly to intravenous and intraspinal injections of salvarsan, gained 40 pounds in weight and after a few months was able to leave the hospital, and the last nine months has been working daily. Fortunately the parietic symptoms were not of a severe character and were easily controlled by treatment, but had this case been diagnosed four years previously the same result could have been accomplished in a much shorter time. We have treated successfully a number of cases of the neurasthenic type of paresis. We speak also of hypochondriacal condition which is closely allied to the neurasthenic type. Kraepelin also attempts to differentiate a polyneuritic psychosis of syphilitic origin in which we have profound memory disturbances, difficulty of attention, fabrications, romancing, accompanied with a distinct polyneuritis, but most of these cases are associated with the excessive alcoholism and it is questionable whether we can have a pure syphilitic polyneuritis or not.

The mental symptoms of paresis should be familiar to everyone. They frequently vary in different cases, but in general when we find in a man around 40 loss of interest in work, indifference to surroundings, change of habits and personality, marked changes in disposition, becoming irritable, fault-finding, difficult to get along with by family and employers, a tendency to extravagance, marked lack of judgment, with expansive ideas, owning millions, etc., we should be very suspicious of paresis, especially when such symptoms are accompanied by definite physical signs, changes in

pupils, reflexes, cutaneous sensibilities, headaches, speech defects, writing defects, etc. We also recognize a demented type in which the patient loses interest in surroundings, shows loss of memory, indifferent to his duties, incompetent in his work, and with expansive delusions and marked conduct disorders, accompanied with definite physical signs, a diagnosis of paresis should be made.

We also recognize a distinct depressed type in which the patients are melancholic, have ideas of unworthiness, that they are going to the poorhouse, that they have no money and no friends, show lack of judgment, but these last two forms are very much in the minority, the usual type being expansive, maniacal type. Often these mental symptoms can be seen at the very beginning of the disease, but unfortunately the patient at that time does not show any particular conduct disorder or violence, and instead of referring such patients to the neurologist or psychiatrist, the family and physician wait until the patient becomes a menace to the community or to himself, and probably a year or two later he is committed to the State Hospital as insane. Whereas, if these symptoms had been recognized at first as those of possible paresis and steps taken to confirm this suspicion, the possibility of treatment would be much more successful than at a time when it was necessary to commit him.

#### SYPHILITIC MENINGITIS.

The use of the Wassermann reactions and examinations of the spinal fluid has established one process which is very apt to be overlooked. Head and Fernside in their admirable article do not mention syphilitic meningitis, but from our experience we are inclined to believe that this affection is much more prevalent than one would suppose. Of course, these patients seldom come to the State Hospital, but we are convinced it occurs frequently in other hospitals, especially among children. The tendency to call meningitis in children tubercular when no definite organism is found to account for the disease, is a wide-spread practice and we would suggest that in all cases where tubercular meningitis is suspected in either children or young people that a Wassermann reaction of the spinal fluid and blood be made. In our experience the blood reactions in syphilitic meningitis are apt to be negative, so one must depend upon the reaction in the spinal fluid. Just as juvenile paresis and syphilis of the nervous system can be produced by inher-

ited syphilis, so can syphilitic meningitis be regarded as due to the inherited organism, or better the direct transmission of the syphilitic organism. We have treated one case of luetic meningitis successfully in a boy 19 years of age who had a primary lesion six months previous which disappeared under local treatment and who received no anti-syphilitic medication. The meningitis developed with extreme headaches, confused spells which ended in delirious episodes, and examination of the spinal fluid showed 600 cells per c.m.m., strongly positive globulin and positive Wassermann reactions of the spinal fluid, very slight reaction of the blood. He was given two intraspinal treatments of salvarsanized serum and recovered completely, all reactions became negative and clinically there was no evidence of the disease. It is possible that in a large number of cases of paresis that early manifestations of the disease occurs, as a meningitis of a mild type, from which the patient recovers, but in which the organism is still present, and years later paresis may develop.

#### METHODS OF TREATMENT.

Since the pioneer work of Swift and Ellis at the Rockefeller Institute in devising a method whereby salvarsan could be administered intraspinaly, many modifications have been originated. Unfortunate experiences, such as those which occurred in California, where death was caused by giving salvarsan intraspinaly by dissolving it in distilled water, have shown that this method is too dangerous to be adopted. The original Swift-Ellis method consists in administering salvarsan intravenously, then withdrawing the blood after an hour and after collecting the serum diluting it—equal parts normal salt solution and serum. This is then injected into the spinal canal. This is the foundation upon which other methods depend. For the first year of our work this method was used exclusively with excellent results. The only criticism we have to offer is that it is not intensive enough. Some cases can be treated by this method every week, but in others it would be too dangerous to treat so often, once in two weeks has been our rule.

The Ogilvie modification differs from the Swift-Ellis method by reason of the fact that the serum used for intraspinal injection is prepared in a different way. Instead of giving the salvarsan intravenously and then withdrawing the blood, the blood is withdrawn without salvarsan being administered and after the serum is col-



lected a quarter of a m.g. of salvarsan is added to the blood serum. This is known as a standardized serum, as we know absolutely the amount of salvarsan we are administering. It has two advantages; one is that it is much cheaper than the other method and this is of some importance when 15 or 20 cases are under treatment, as at the State Hospital. The second point is that this serum can be administered more frequently without any ill effects to the patient.

The third method is one devised by Wardner and his colleagues at the Essex County Hospital whereby Swift-Ellis serum instead of being given intraspinally is given by means of cerebral puncture, trephine made in the skull and serum injected under the dura. Dr. Wardner justly claims for this method that it is more effective than the lumbar puncture method as the serum is given directly to the cortex and reaches the cortex in a more concentrated form. Results of treatment with this serum in the hands of Wardner have been excellent and I am inclined to believe that it will be the method of preference. We have not been able to produce results with this method in cases where the Swift-Ellis method failed, but we believe that if given in favorable cases it will arrest the process quicker than the Swift-Ellis method.

The fourth method is the one originated by Dr. Brynes in which bichloride of mercury is given intraspinally in the patient's own blood serum. Mulford has put out a bichloride serum made after Brynes' formula and which at the present time we are trying. The method consists mainly of adding 1/50 of a grm. of bichloride of mercury to the blood serum. Dr. Brynes claims that he gets as good results with this as with salvarsan. We have not used this serum long enough to give any opinion regarding its efficacy, but from what we have done we feel it can be used in conjunction with salvarsan, except in certain types of cases.

Fifth, Cotton Modification. The writer has modified several of the methods as follows: The Wardner cerebral puncture method has been modified to the extent that Ogilvie serum is used both intra-durally and intraventrically. (B) Bichloride serum has been used intra-durally and intraventrically in a similar way to that administration of the Ogilvie serum.

Hammond and Sharp have also devised a method for interjecting serum by means of ventricular puncture.

In all these methods the main point to

be considered is the early diagnosis of the case, and unless the case is of a very mild type and no destruction of the cortex has taken place, we believe that good results could be obtained by all methods. The salvarsan is perhaps preferable to the bichloride of mercury, especially as the patient receives the tonic effects of the salvarsan as well as a bactericidal effect.

In concluding I wish to emphasize the following points:

1st. That paresis in the incipient stages is a curable disease, that treatment with salvarsanized serum must be begun early to be of any value.

2nd. That 25% of the cases admitted to the hospital respond to treatment in mild cases, often after a duration of one to three years.

3rd. That the majority of patients admitted to the State Hospital after a duration of two years of paresis are beyond hope of treatment.

4th. That the diagnosis of paresis in the incipient stage is not difficult, and should easily be made by every physician.

5th. The most important physical signs in the order for their importance are: (a) Changes in the cutaneous sensibilities, both objective and subjective; (b) pupillary disturbance (sluggish or stiff to light); (c) change in the character of the knee jerks, absent, exaggerated or unequal; (d) disturbance of micturition; (e) persistent headache and dizziness; (f) optic neuritis and specific changes in the disc; (g) convulsions; (h) high blood pressure.

6th. Mental symptoms are of less diagnostic importance in the early stages, as the symptoms of paresis may be found in many other psychoses, but the following symptoms would make one suspicious. Neurasthenic condition with marked loss of memory, indifference to surroundings, changes in habits and personality, changes in disposition, loss of moral and ethical judgment, tendency to extravagance and expansive ideas, for the expansive type. The depressed type may show the same mental symptoms with the exception, patient is depressed and has ideas of poverty, unworthiness, etc., and the demented type without any marked exaltation or depression of delusional formation.

7th. All cases showing a suspicion of early paresis should have a lumbar puncture made and spinal fluid examined for increase in the cells, increase in the globulin content, colloidal gold reaction, and

Wassermann test made of the blood and spinal fluid.

8th. In the majority of cases these tests will be positive and at least one of them will be positive in every case.

9th. With the above clinical and serological methods of diagnosis there is no reason why every case of paresis should not be detected in the incipient stage and treatment immediately instituted.

#### DISCUSSION.

**Dr. William J. Arlitz, Hoboken:** Failure to make early diagnosis should not be charged to the general practitioner. The fault is entirely due to medical schools and the hospitals that fail to dwell upon the importance of the subject. There can be no doubt that the physical signs of paresis can be and should be early recognized by the physician. In the majority of cases it has been found that the physical signs precede the mental symptoms by various periods of from one to five years. Knapp, in the *Journal of Nervous and Mental Diseases*, 1911, found that headache, pains in the legs, numbness and hypoaesthesia were present in one-half of the early cases. Disturbance of the eye muscles occurred in one-third of the cases, and tremors, paresis and ataxia were found in nearly nine-tenths of all cases. Pupillary disturbances were found by him to be less constant than changes in the knee jerk which were almost universally present. Ricksher (*Onset of General Paralysis*, Johns Hopkins Hospital Bulletin, May, 1915), calls attention to the early symptoms of paresis and emphasizes the predominance of the physical signs from the mental signs in importance. He quotes Bianchi who gives four principal modes of onset, but notes that other symptoms may usher in the disease.

The four types are: 1st, Onset with exaltation of the mental activities, judgment defects, motor restlessness and activity, slight grandiose ideas, expansiveness and generosity. There is generally a more or less marked loss of moral sentiment, of shame and of the sense of decency, and to all this is added very early, sometimes even before these changes are noted, loss of memory; 2nd, progressive depressed type, inability to work, feeling of fatigue, weakening of attention, powers of comprehension and judgment are diminished, new acquisitions are difficult and those previously acquired are lost. The loss of memory is marked and the patient becomes dull and stupid; 3rd, somatic types with headaches, neuralgias, defect of expression of thought, partial and temporary paralysis of certain muscles, speech and writing slower than usual, and grammatical errors are early seen. Impotence often precedes the disease for two, three or five years; 4th, convulsive type occurring in individuals who always enjoyed good health. There is present vertigo, fleeting confusion, headache. In other cases there is an unwonted affective excitability, restlessness and discontent which may precede for weeks or months an apoplectic or epileptiform attack. There may be some improvement after a convulsion, but attacks repeat themselves with increasing severity.

Ricksher reports two cases that show an onset from three to five years. In both cases the physical signs and serological reactions probably would have made a diagnosis possible long before the development of frank paresis. The experiences of those who have treated paresis by means of salvarsanized serum show conclusively that the success of the treatment depends almost entirely upon instituting treatment in the incipient stages. A small percentage of cases will respond to treatment even after one or two years, but they are usually of the mild type and without marked mental deterioration.

If I had any criticism to offer on this able paper it would be because of the **failure** of the author to dwell upon the **importance of the early manifestations**. It is my opinion that all patients of 30 years or over, who present neurasthenic symptoms are borderline cases until the contrary status is proven. No matter what the system of therapy may be, it must be used early if it is to accomplish good. Not to cure, but to arrest destruction is the best we can hope for. I believe that many of these cases present well-defined neurasthenic or psychesthenic symptoms three or four years prior to the time they are committed to the hospitals.

My experience with this treatment is very gratifying. The cases undoubtedly improve, but if this improvement will be lasting no one can say. The disagreeable phenomena arising during treatment, such as frightful headaches, increased blood pressure, disorientation, numbness or excruciating pains in the lower extremities, and sometimes elevation of temperature have not been mentioned. In my cases undergoing this treatment the patients have gained weight. The bladder symptoms are markedly improved and the delusions have entirely disappeared.

I do not attach any worth to the Wassermann serum blood examination, it is negative more often than it is positive. The spinal fluid should be examined in all cases. Anyone with average surgical skill can puncture the cerebrum and can use the spinal trocar. I think a word of caution is necessary. This procedure should not at this time be practiced by any unless they are skilled in this line of work.

**Dr. Alfred L. Ellis, Metuchen:** In Dr. Cotton's excellent paper it is interesting to note that the experience of the staff physicians of the State hospitals has brought about a change in the relation of the practicing physicians to the patients sent to the hospital. Formerly it was of no importance whether a patient wait a year or two years before being sent away to the hospital, and the hospital itself was looked upon merely as a custodial institution. This attitude of the public and the physicians will have to be materially modified if we can expect the fullest measure of success from the work that is being done in the State hospitals to-day. It is indeed an encouraging sign that within a period of two years the result of the work at the State hospitals has transformed a disease like paresis, which was formerly considered almost absolutely hopeless, into a disease which now, when treated early, a large number of cases can be cured. And if this disease which has baffled physicians for so



many years can be controlled in its early stages, we may well hope that other mental diseases in which the treatment has proved unavailing may succumb to the research which is being carried on in the hospitals and various laboratories.

One great bug-bear to the physicians' clear understanding of the cases committed by them is that they look on them purely as mental diseases, and think it requires an expert to make a proper diagnosis. They are only concerned with the question whether or not the patient is insane, and as they are not psychiatrists or neurologists they do not feel called upon to form an opinion as to the form of mental disease the patients is suffering from.

This idea at the present time is wrong. It is a very pertinent matter for the physician to realize that the patient is suffering from some form of mental disease which could possibly be cured by immediate treatment, and the family should be advised at once of the advantages to the patient of immediate commitment. While it is true we are dealing with mental diseases when we are called in to examine patients for commitment, at the same time one does not necessarily have to be a psychiatrist to make a diagnosis in these conditions, or at least to become suspicious that they are dealing with cases of syphilis of the central nervous system.

It has been pointed out in the paper, and I wish to emphasize this, that the physical signs of these conditions are easily distinguished and when present should not be overlooked. Stiff pupils, absence or exaggerated knee jerks, severe headaches, cutaneous sensibility disturbances are not difficult to recognize. Every physician is competent to make these examinations, and while he may not be able to confirm a diagnosis by laboratory tests, at the same time he can refer these patients either to the State hospitals or to specialists who make a test of the spinal fluid and the blood. Psychiatrists have put this matter squarely up to the practitioner. The former have found that they can arrest a number of cases, even after a year or so has elapsed, but that the majority of cases which have been treated have entered the hospital at a period when it was too late to expect the treatment to be beneficial. Therefore, the problem of eliminating or reducing the number of cases of paresis lies in the hands of the practitioner.

There is another side of the problem which has not been touched upon in the paper, and which should be emphasized. With the newer methods of treatment of acute syphilis and the advantages to be gained by frequent blood examinations, it appears to me that it is possible to prevent paresis as well as to arrest it after it has started. Physicians who have treated acute syphilis five or six years ago, or even longer, and who have kept track of their patients, should insist upon blood examinations being made to ascertain whether or not there is any evidence of organism in the system, for we know paresis in the majority of cases does not come on until ten or fifteen years after infection, during which time no outward manifestations of disease are present, but the organisms are still alive in the body. With Wassermann test of the blood and examination of the spinal fluid in all cases previously treated, the family physician should be in a position to

have these tests made, and this would do much in finally eliminating paresis entirely from our State hospitals. A fuller realization of these points by the physician will, I am sure, in a few years tend to eliminate paresis entirely, from patients admitted to the State hospitals.

**Dr. Otto Lowy, Newark:** I wish to draw attention to the fact that whenever you have treated a case of syphilis and the Wassermann reaction of the blood became negative, don't depend upon this test alone; other things should be taken into consideration such as the provocative test, and last but not least, the Wassermann reaction of the spinal fluid and the other tests such as the Lange's gold test, globulin and cell count. If all these are negative, you may be reasonably certain that there is no involvement of the central nervous system; and that is one of the most important things in the treatment of syphilis.

After all, we may not agree upon the point whether syphilis is curable or not; but what we all do agree upon is, that one of the most insidious things in syphilis is the involvement of the central nervous system; and this is what we should try to avoid by treating our patients until all the above mentioned tests are **negative**.

**Dr. Arthur P. Hasking, Jersey City:** I am called upon to examine about 1,200 cases a year of alleged insane persons for commitment to an institution for the insane, of these a majority are not suitable for commitment, but I find a large percentage of the remainder are paretics, most of them come to us in an advanced stage of the disease; it seems surprising that someone did not suspect the condition before some erratic outburst, some peculiar action or some wanton disregard of the conventionalities of life, caused those about him to say, "What is the trouble with him, he cannot be right."

It seems to me that the general practitioner should familiarize himself with the early diagnosis of this disease, it should and can be made by the general practitioner, or the family physician, in the pre-mental stage, and if we are to get results along the lines that Dr. Cotton is working on, they must get treatment early. You would not expect a cure or even good results in a case of advanced tuberculosis, sent to a sanatorium in the latter stages of the disease, if you expect cures in tuberculosis you naturally begin treatment early, the same must apply to paresis. If we are to get good results we must get the patients under suitable treatment early, and this can only be done by the co-operation of the family physician.

It is almost impossible for an institution like Dr. Cotton's, where, I believe, many of the patients come in at an advanced state of the disease, to get satisfactory results. The results that he has quoted you—many I understand were advanced cases—show that this method has possibilities, and gives great encouragement for the future treatment of the disease. Still greater results can and must be had if the patients can only be put under treatment earlier, but the institution cannot get them earlier if the family physician does not recognize the condition and place them where they can receive the treatment for their condition.

To one slight point of the doctor's paper I would like to call your attention, it appealed to me, it may seem like a trifle, but nevertheless I believe that it is important enough to repeat, and that was the reference to the use of the pocket flashlight in the examination of the eye reflexes, it is a small affair that can be carried in the pocket. I show you the one I use, and I do not believe that I could do without it.

## THE CONSERVATION OF INFANT LIFE.\*

By EDWARD A. AYERS, A. M., M. D.

President's Address Delivered at the Seventeenth Annual Meeting of the Tri-county Medical Society, at Newton, N. J.,  
October 12th, 1915.

The presentation of infant life is of far greater economic value than the prolongation of adult life. The greatest waste in human life at the present time is in the period from impregnation to five years of age. The greatest *needless waste* is in this period, greater than in all others combined. Not fifty per cent. of initiated human lives traverse this deadly path to healthy childhood, yet over fifty per cent. of this loss could be prevented. Such a waste as this would bankrupt any animal breeding industry in the world.

The ways and means of checking this tremendous waste are immensely complex.

Its causes are equally complex. Classified we find them in such divisions as: Uterine Heredity—the beginning of eugenics; Parental Heredity; Marital Sterility; Abortion and Premature Decay; Labor Anomalies and Infant Diseases; and the causes back of these classifications include hereditary and acquired diseases and general instability in parents and ancestors—most prominent of which is syphilis; artificial abortion and sterility; insufficient antepartum diagnosis; overwork of pregnant women and acquired occupational diseases—prominent in which is lead poisoning; unskillful care in confinement; alcoholism during pregnancy; insufficient or improper feeding, housing and general care of infants. And it becomes at once apparent that our ways and means of improvement are dependant on as many divisions of human applied conservation as there are causes for the evil. Thus, the eugenic division is largely a sociologic allotment; the essentially medical care during pregnancy, labor and infancy that of physicians; home conditions in the poorer classes, that of the Tenement House Commission; oc-

cupational diseases a divided responsibility of physicians, health departments and labor commissions; injurious factory work of pregnant and young mothers that of labor commissions; pure milk in artificial feeding that of health departments and the health and hygiene of infant life that of any and all forces medical, sociologic and politic.

The wide scope of my topic, for through consideration, would result in filling an Eliot book shelf. This brief will only consider some points covering the period from impregnation to the first year of infant life.

During the first eight years of my obstetrical service at the N. Y. Polyclinic and the Mother's and Babies' Hospital, I personally attended poor women in confinement in their tenement homes, and for twenty years was in charge of many thousand confinements, both in-door and out-door. I have witnessed the conditions of life of the pregnant women in homes and hospital; seen much of the care of women in labor by midwives, nurses, students and trained physicians, and endeavored to learn the lessons at hand and teach them to undergraduates and physicians.

I learned, as others have learned, that the chief causes of pregnancy failures are syphilis, alcoholism, artificial and spontaneous abortion, over work during pregnancy and occupational influences—such as lead poisoning. In the management of labor the chief causes of evil are first, ignorance of special or abnormal conditions until declared in labor—both by physicians, students and midwives; and second, incapacity to meet these abnormalities skillfully when discovered.

One of the most remarkable trends of public life in the present decade is the tremendous growth of interest in human health. The demand for economic efficiencies in the business world, pressed forward by insurance companies, corporations and labor organizations, is as much responsible for this great movement—if not more so, as is purely academic interest founded in love of truth; and this public health interest is to prove a necessary factor in gathering conservation of infant life. The terrible waste of the best manhood of Europe in the present war is going to shortly compel a tremendous accentuation of this vital factor.

A recent paper by Dr. Julius Levy, Director of Child Hygiene in Newark, emphasizes the statistical demonstration that the highest infant and fetal death-rate in the



State of New Jersey is not part and parcel of large cities and crowded conditions, but is found in those communities which relatively employ the largest ratio of women in manufacturing shops. I have observed in my former clinics that those pregnant women who did arduous work throughout their pregnancies—such as laundrying and floor scrubbing, gave a consequently higher rate of premature labors, still-births and devitalized infants than those who had easier tasks.

The State cannot afford the assistance of pregnant women in labor employment to any extent that sacrifices healthful reproduction. It is as economically vicious as getting lumbar from a fruit-bearing tree. The correction of this evil lies within the scope of health and labor departments, supported by child-hygiene organizations and public opinion, and the last is dependent upon popular hygienic education. Short hours of toil and sufficient time after the child is born to give it necessary maternal nourishment and care are the cultural necessities of this feature of infant life conservation, however they are to be secured.

Occupational dangers are likewise a potential cause of high rates of reproductive failures. Phillipsburg, whose leading industries are chemicals, Portland cement, pumps, rock-drills, canisters, silk and horse shoes, has the second highest infant mortality rate in New Jersey, though having only a population of 14,123 in 1912. The community holding the State record is the progressive town of Roosevelt, with five thousand odd souls and an infant mortality of **53.25 per cent. of the total deaths.** These people may be ardent advocates of large families, but at that they must mend their ways, or depend upon immigration to avoid extinction. Something more than a change of name is needed. Its principal industries are: Fertilizers, copper refining, steel and cigars.

Alcoholism, both as to parental and maternal influence, is exceedingly potential in debasing human reproduction. Particularly is this so with women who become intoxicated during pregnancy. The percentage of still-births, epilepsy, idiocy, defectiveness and criminality is enormously increased in consequence. Happily the trend of the times is lessening this source of evil.

It is the general opinion, even that of some who should be better informed, that the most important field in infant conservation is that of infant feeding, but the evils

which I have just considered are far more potent.

One of the greatest evils opposing reproductive and infant conservation is—and I fear always will be—abortion. Dr. Levy estimates that over 11,000 abortions occur in Newark each year, which is about one abortion to every four and a half confinements. This about agrees with the universal rate accepted by obstetrical authorities. A large part of these abortions are probably induced; and a very considerable part of spontaneous abortions, miscarriages and premature labors trace their origin to syphilis, mal-nutrition, overwork, occupational poisons and previous induced abortion.

As a general proposition we find that the poorer and uneducated classes show a larger birth rate than the well-to-do, but a larger infantile death-rate also; so that those who may cannot, and those who could will not, increase the population—an unfortunate dilemma. It is my opinion that this class which seeks to avoid more than one or two children is growing—is encroaching upon the class that “let’s nature take her course.” Greater demands upon moderate incomes and increased love of luxuries are largely responsible for this extension.

A movement has recently been initiated in New York, with such independent thinkers as Dr. Abraham Jacobi and Charles Eliot supporting it, that favors larger legal latitude to physicians in granting relief to pregnant women, and I am in sympathy with this idea. But this feature is scarcely a drop in the bucket affecting the issue as a whole. Correction of this abortion evil, while partly dependant upon economic conditions, is largely a responsibility on our profession.

The one remaining phase of my topic which I present is the purely obstetrical division—the attainment of best results between impregnation and graduation of the infant into childhood. And first of all—the midwife. The midwife habit is an importation from Europe. Dr. Levy states that 52 per cent. of births in Newark are in care of midwives, and among the native born 25 per cent. Now the midwife does the best she can, but she can never do well enough; and I propose to show that she is not only an anachronism, but occupying a field that should be taken up for its own good and the good of the mothers—by the medical profession. Most of the “accidents” and bad results occurring in labor

are the consequents of delayed knowledge of the pregnant women's conditions, and insufficient obstetrical skill in the attendant. Every medical student should receive thorough bed-side instruction and practice in ante-partum, partum and post-partum work before he graduates. In this way, and in this way only, the doctor-to-be obtains efficient knowledge and skill to get the best results in his later practice.

To know of the existence of pelvic contractions, mal-positions, impending eclampsia, placenta praevia, maternal ill-health and what not, before labor supervenes, is to ward off most of the bad obstetrical results that would otherwise follow. Foreknowledge and skill will nullify 75 per cent. of abnormality evil.

In my New York obstetrical service I received every two weeks eight junior or senior undergraduates, or post-graduates at the hospital, where they received daily individual training in diagnostic study and manipulation of pregnant patients; observed the indoor confinements conducted and described by the resident staff or myself, and attended the outdoor cases themselves, always having an experienced interne at call in case of difficulty. We endeavored to carefully examine all our patients previous to labor, and were thus informed in advance of abnormalities. This system is of immense advantage in properly educating our practitioners, and should be widely extended. A large city, like Newark, with no medical college, could and should develop the above system in connection with adjacent medical colleges. The midwife, being nurse as well as accoucheur, it will be necessary to develop an obstetrical nursing system ere the work of the midwife can be supplanted. The health authorities of Montclair employ a follow-up system of department nurse where midwives are employed.

Once the child is born, its life insurance depends largely upon proper feeding, ventilation and house care. The well-to-do mothers show a larger per cent. of nursing incapacity—milk supply, than do the employed mothers; but the latter cannot go back to the mills and properly nurse their babies too. Does it not seem something in the nature of crime for the State to permit conditions that take mothers from the breast-support of their infants to such an extent that a large per cent. of these infants must die?

This murder—by neglect—is going on all over the State of New Jersey.

Inasmuch as one-third of all infant deaths during the first year occur within the first month, it is self-evident that prompt and intelligent attention by nurses, if not physicians, becomes essential to infant conservation. Aside from the direct losses of infants due to maternal employment during pregnancy and the nursing period, ignorance is responsible for possibly 80 to 90 per cent. of reproductive failure.

Summing up the issues involved in conservation of infant life, comes first the generalization, that education all along the line is the one great fundamental; beginning with sensible instruction of school girls; instruction of pregnant women applying at the dispensaries, and after confinement; training of undergraduates, physicians, nurses and midwives; and all accompanied with general public instruction through press, platform and magazine.

The better development and adjustment of our rules, regulations, sanitary codes and statutory laws must come from harmonious effort of many organizations. Our departments of health can apply the power of the State in insuring pure foods, water, sanitary conditions in sewerage, and abatement of nuisances in all places affecting the public health.

Labor commissions can improve labor laws—through the legislature, affecting maternity. Tenement house commissions can better the living conditions. Cities, boroughs and counties can increase their budgets to the needs of wholesome reproduction and infant conservation.

Semi-public organizations and institutions can fill in the gaps that purely legal measures and bodies cannot handle.

And what of the cost and the returns? If this problem were handled with the efficiency of a Standard Oil organization, it would quickly result in the saving of from 3,000 to 4,000 first-year infants per annum in the State of New Jersey, and add from 30,000 to 60,000 citizens to our native-born population in twenty-one years.

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**Trudeau Sanatorium.**—In honor of its founder, the late Dr. Edward Livingston Trudeau, the name of the Adirondack Cottage Sanatorium, Trudeau, Saranac Lake, N. Y., has been changed to Trudeau Sanatorium.

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**Medical Department of Columbia University.**—On the recommendation of the Medical Faculty the trustees of Columbia University voted on December 6 to change the title of the medical department to "The College of Physicians and Surgeons of Columbia University."



## County Medical Societies' Reports

### ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular December meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, Friday evening, the tenth.

The following members attended: Drs. Andrews, Allmann, Bartlet, Barbash, Bullock, Clark, Conaway, Carrington, Canning, Charlton, Darnall, Davis, Frisch, Guion, H. T. Harvey, E. H. Harvey, Holt, Ireland, Joy, Lee Leonard, Lawrence, Martin, E. Marvel, P. Marvel, Poland, Quinn, Rulon, Sheen, Shivers, Snowball, Stewart, Silvers, Scott and Williams.

An application for membership from Dr. Thomas Alsop was read and referred to the Board of Censors. A communication was read by the secretary in which Dr. E. S. Sharp, of Atlantic City, tendered his resignation. This was accepted.

The program for the evening was unusual and interesting as well as instructive. Dr. John S. McCloskey, of Philadelphia, told some of his experiences at the front in the present war. Dr. McCloskey gave a short sketch of the rapid growth of the American ambulance hospital at Paris. Some ten years ago a small American hospital was started just outside of Paris, at Neuilly. This hospital contained about forty beds, private and ward, and catered to American citizens in and about Paris.

At the time of the breaking out of the great war, naturally, Americans who were in that part of France at the time, rallied to the American Hospital at Neuilly, but they soon found that the once very satisfactory quarters were inadequate for military hospital purposes. About this time, a four-story brick school building which was nearing completion, was taken over for hospital purposes, and after installing electric lights and other conveniences, proved to be an ideal building for the work, there being plenty of daylight and means of ventilation. The one disadvantage, however was that there was no elevator in the building and as one of the operating rooms was located on the fourth floor it meant a great deal of extra work and inconveniences. It is in this building, which is known as the Lycee Pasteur at Neuilly, that the Red Cross units of Harvard, Pennsylvania and Michigan are located and are doing such good work.

At the Lycee Pasteur at Neuilly the ambulance sections were formed, many automobiles being donated for the purpose, and after being equipped, started for the front in Alsace with the advancing armies. While traveling to the front, or from the front with wounded taking them to the field or base hospitals, the ambulance drivers are required to keep to the back roads, the main road being given over entirely to the armies for military travel. At night the ambulance driver must run with all lights out, a pocket electric flashlight being used to facilitate reading the sign posts at crossings. Sometimes the drivers get lost on the back roads and are compelled to seek the military roads in order to get their bearings. If while on a military road, approaching troops are sighted, the ambulance squad must get to one side of the road until all troops are past.

At one place, along the front in Alsace, it

was impossible to get the ambulances over the steep mountain pass to the other side where the fighting was going on. Several large powerful cars had failed and indeed, some were wrecked, in numerous attempts to get to the wounded. It was necessary to transport the wounded across the backs of mules. Two wounded soldiers were placed each on a stretcher and fastened. Ropes were tied between the stretchers and the two wounded soldiers were swung across the mule's back and subjected to a five-hour ride across the mountain from the fighting line to the field hospital from which point they were sent in the ambulances to the base hospital. One day a driver came in with a Ford chassis and was immediately asked by the American boys to try the mountain pass. He tried and succeeded in reaching the other side. A large gang of men were then sent to clear the pass and at the request of those who had seen the experiment, several Ford chassis were fitted with rough ambulance bodies and placed at the disposal of the Red Cross and thereafter the wounded were brought across the mountain in one hour instead of five, and many lives were saved.

In order to pick up the wounded the ambulance is sometimes compelled to go between the German and French trenches, which are in a few places only seven yards apart. The ambulance squad is, under these circumstances, within easy range of both the Germans and French, but as a rule can do their work unmolested. Occasionally a stray shell has done some damage to the ambulance squad, in fact some of the men have been killed, but fortunately no Americans have as yet been hit. The "Red Cross" emblem takes the squad almost anywhere, provided there is no interference with the manouvers of the troops; for during a drive the last thing thought of is the wounded, but as soon as the drive is over or advanced, the active ambulance work begins. The base hospitals are notified when a drive is about to take place, or when one is expected from the Germans, so they can prepare for the rush that always follows. At the Lycee Pasteur as many as two hundred have been admitted in one day.

In Lorraine there was another squad working under the direction of a Mr. Salsbury, of Chicago. This is an American ambulance entirely. In still another section there is a third squad working in conjunction with an American army hospital which is composed of army tents made of American kakai. An American donated forty thousand dollars to equip this hospital and at first it was in charge of an American surgeon, but now is directed by a Scotch surgeon. This field hospital has never been popular with the French soldiers as it proved to be a splendid target for the German aeroplanes. There was not very much work there. There is a large ambulance section at Dunkirk with thirty ambulance cars and the entire force is very active at all times, but most of the work is looking after wounded civilians who are unfortunate victims of large gun fire. At times they go to the trenches but there are a great many British soldiers in this section of France and the English prefer to be looked after by the English Red Cross so that the American ambulance as a rule handles only French.

The ambulance surgeons are treated with a

great deal of respect and courtesy. While they rank as privates they are treated as officers and each section has its own French "chef." The food is plain but well prepared and everyone seems to thrive on it. The personnel of the Americans in this work is far above what would possibly be expected, the bulk being college-bred men, well known artists, lawyers, physicians and architects, many of whom have either been educated in Paris or feel that they owe France something for her help in Revolutionary days. One meets with men from Maine, Florida, California and in fact from anywhere in the United States and they all seem enthusiastic about the work.

At the conclusion of Dr. McCloskey's remarks Dr. Edmund B. Piper, of Philadelphia, who served as junior surgeon with Dr. James P. Hutchinson, at the American hospital, told of the volume and kind of work done by the Pennsylvania unit in service. There was always plenty of work to be done, both day and night, and especially during the time of a drive. Most of the work consisted of dressing wounds and stumps. Practically all the wounds were infected, and quite a few, possibly five to ten per cent. with the gas bacillus. For convenience the wounds are divided into two classes, according to cause and according to the pathology. Hardly any two are treated alike but the rule is to avoid amputation whenever possible. Some amputations are done at the field hospitals and most of these are non-flap operations. They look just as if one stroke of a large clever had done the work. Adhesive is fastened to the skin around the stump and a traction apparatus is arranged with a pulley and weights so that the skin, fascia and muscle are gradually pulled over the end of the bone. Invariably these stumps are infected and like all the other wounds met with, require a great deal of care. Tetanus is rarely met with because of the rigid rules relative to antitoxin which every soldier is required to have.

Dressings are: Frequently changed wet gauze, constant drip and irrigations, and a variety of solutions are used. The method of dressing and the solution used varies accordingly to meet the requirements of the case. The fractured are treated with over-head frame and cradle. Most of the fractures are compound and must be dressed frequently and so the part must be easy of access. The man who expects to get a great deal of operative work at a war hospital will be greatly disappointed as there is very little of it, but plenty of good hard work dressing ugly infected wounds, and the operations which are done prove to be far inferior in importance to the after treatment. Dr. Piper concluded by saying that "War Surgery is Ward Surgery."

The society expressed sincere thanks and appreciation to Drs. McCloskey and Piper for their very excellent description of ambulance and hospital conditions at the front, and in a resolution they were congratulated for their sacrifice and bravery. The American Red Cross as a body and the individuals doing work at the front, seeking only to help others and in doing so, endangering their own lives and health, deserve indeed, the hearty congratulations of all of us. It takes no little courage to brace the dangers and endure the hardships which of a necessity go hand in hand with this work at all times. That their service is deeply appreciated by those for whom they are making

this tremendous sacrifice, without thought of compensation, is only too well expressed in an article published in an April issue of the *Le Temps*. The writer gave great credit to the American hospital at Neuilly, describing it as a remarkable organization and "a model military hospital," and concluding as follows: "Surprise will no doubt be felt that I do not name any of the generous organizers of this institution or of their scientific collaborators. This is in accordance with their earnest request."

#### BERGEN COUNTY.

Frederick S. Hallett, M. D., Reporter.

The Bergen County Medical Society held its regular monthly meeting at the Union League Club, Hackensack, November 9th, 8.15 P. M. President Dr. Edwards occupied the chair, 28 members being present.

Dr. Freeland, chairman Contagious Hospital Committee, reported that his committee had visited the new hospital and found it nearing completion. The committee recommended the appointment of one or more members of this society as attending physicians to the new hospital.

Scientific Program—"Status of X-ray on the Control of Cancer and other Tumors." Illustrated by lantern slides, Dr. Arthur F. Holding, New York City.

Dr. Holding divided his subject under several headings and gave us an ocular demonstration with his slides of the great value of the X-rays in diagnosis and treatment.

Discussion was opened by Drs. A. W. Ward and A. A. Swayze.

The meeting adjourned and a social session was enjoyed.

#### December Meeting.

The society held its December meeting at the Union League Club, Hackensack, on the 14th, at 8.15 P. M. The president, Dr. J. B. Edwards, occupied the chair, 7 members being present.

Dr. John Douglas, New York City, was to have read a paper on "Gall Stone Disease and Cholecystitis," but on account of the stormy night he was asked to defer reading his paper until a later meeting.

There being so few members present the regular order of business was deferred and a social session was enjoyed.

#### ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The county society met Tuesday evening, December 22nd. This was the first meeting since the annual meeting in October, and maintains the purpose to hold five regular scientific meetings during the season. Dr. Robert T. Morris, professor of surgery in the New York Post-Graduate Medical School and Hospital, made an address on the subject, "Fibroid Appendix" elucidating the theory of senile, i. e., sclerotic, changes in the appendix the gradual result of failing vascular supply, due, perhaps, to an endarteritis, the pain, which is the leading symptom, being explained by the intimate relationship between the lumbar cord and the appendix and brain. The paper is requested for publication in the *Journal*. The following four new members were elected:

Drs. Harry A. Knauss, Robert E. Soule, Morris Teitelbaum and Robert S. Topping, all of Newark.



The Essex County Pathological and Anatomical Society held its eighth annual meeting on Thursday evening, December 9th, in the Assembly room of the Academy of Medicine. The following are the elected officers for the ensuing year: President, H. S. Martland; vice-president, H. B. Epstein; secretary, F. W. Pinneo; treasurer, A. S. Harden; directors, J. F. Hagerty, Carl E. Sutphen, W. P. Eagleton, H. J. F. Wallhouser, C. R. O'Crowley, Wm. Gauch, and ex-officio, Theodore Teimer, F. R. Haus-sling, A. A. Strasser, J. H. Lowry, D. A. Kraker. The following interesting program was rendered:

(1) Keloid of Scalp, Dr. W. J. Ward; (2) Epithelioma of Vulva, Dr. Charles Ill; (3) Epithelioma of Penis (two cases), Dr. B. A. Furman; (4) Specimens from St. Michael's Hospital, Dr. J. W. Gray.

(From the Pathological Laboratory of the City Hospital): (1) Report of case of Osteo-chronic-blastoma of Ribe and report of case of Ulcerative Colitis with perforation causing Peritonitis, Dr. Edward Staehlin; (2) report of case of Dural Endothelioma of Cerebello-pontine Angle, Dr. W. P. Eagleton; (3) pathology of CO Poisoning, with demonstration of two cases, Dr. B. Mikels (1st Res. Path.); (4) demonstration of Sarcoma of Rectum, Dr. Arturo Casilli (2nd Res. Path.); (5) demonstration of Specimens, illustrating carcinoma of penis with extensive metastases, brain injuries, extensive post-mortem disintegration and new autopsy technique, Dr. H. S. Martland.

The Section on Pediatrics of the Academy of Medicine held the regular monthly meeting Wednesday afternoon, December 8th. It was a clinical meeting to which any were invited to bring cases or make case reports. Dr. T. N. Gray presented one of tuberculous adenitis treated with tuberculin injections and bismuth dressings. Dr. Scott showed one of spontaneous fractures of both humeri and both femora in a one year old. The Section on Medicine met Tuesday, December 14th. Dr. James H. Rosencrans reported a case of aneurism of the aorta with a "beef heart," and Dr. C. J. Hail-perin one of leprosy. The paper of the evening was by Dr. R. N. Connolly on "The Municipal Laboratory."

The stated meeting of the academy was held on Wednesday, December 15th. Dr. Warren Coleman, professor of clinical medicine and applied pharmacy, Cornell University, read a paper on the "Industrial Relations of Heart Disease," in which he showed the need of the State doing something, presumably State insurance, for the disabilities of heart disease, and demonstrated the value of the work done in New York where those afflicted are given work in a pottery industry suited to their case in place of the more laborious trades in which they had been occupied which resulted in a much lowered death rate among them. The following were elected to membership: Drs. Erwin Reissman, Chas. H. Schlichter, James S. Ford, Walter A. Reiter.

#### GLOUCESTER COUNTY.

Howard A. Wilson, M. D., Reporter.

The regular meeting of the Gloucester County Medical Society was held at Pauls Hotel, Woodbury, November 18. The president, Dr. H. L. Sinexon, in the chair. After transacting

routine business, Dr. E. H. Funk, of Philadelphia, read a paper on "The Diagnosis of Early Tuberculosis." Dr. Funk advocates the most searching investigation as to possible infection and lays special stress upon the physical signs.

The paper was ably discussed by Dr. Roddy, of Philadelphia, and was of great interest and practical benefit. Mr. Charles B. Town, of New York, gave a talk on "Drug Addiction," and related interesting incidents occurring in his long experience in handling such cases.

After adjournment the society entertained at dinner the speakers and also Drs. Strock and Richardson of Camden County, Drs. Husted and Hilliard of Salem County, and Dr. T. N. Gray, recording secretary of the State Society, of East Orange.

#### HUDSON COUNTY.

William Freile, M. D., Reporter.

The Hudson County Medical Society gathered at the Carteret Club, Jersey City, on Tuesday, December 7th, 1915, at 8.30 P. M.

At the previous meeting Drs. Henry Spence, F. H. Edsall and Wm. L. Pyle had spoken on the municipal water supply.

The president, Dr. G. H. Sexsmith, stated that he recognized the importance of the water supply question, not only for Jersey City, but for the entire county. He felt that it would be important for this committee to have definite ideas of the water sheds, present sources of pollution, and how to overcome them; also a conception of future possible pollution. He believed they should consider the matter of trunk sewers, etc., and report to this society anything they deemed of interest. As the society has one of its members on the State Board, maps and surveys could be easily obtained. He realized there would be a good deal of hard work, and would take considerable time. He called for a discussion and as a result the following committee was appointed:

Drs. F. D. Gray and S. A. Cosgrove representing Jersey City; Dr. S. R. Woodruff, Bayonne; Dr. E. T. Steadman, Hoboken; Dr. H. J. Spalding, North Hudson.

Dr. F. D. Gray, on behalf of the Membership Committee, reported that he believed the applications to be afterwards received would give evidence that the work was still going on. For the Publicity Committee he mentioned the efforts that had been made to get into the local press, certain practical articles for the people, copied from the sheet of the A. M. A.

Dr. Wallace Pyle moved and had carried a motion that the annual dinner be held in Hudson County.

The application of Dr. Paul Andrae was referred to the censors. Dr. Henry Klaus, 314 Shippen street, West Hoboken; Dr. T. R. Commarato, 262 Montgomery street, Jersey City; Dr. A. E. Fendrich, 75 Highwood terrace, Weehawken; Dr. Thomas W. Connolly, 181 Bidwell avenue, Jersey City, were elected members.

On the call for interesting cases, Dr. Wallace Pyle cited a peculiar instance of a boy five years old, who without any injury started to bleed from the frenum of the tongue, and who, notwithstanding a clip and repeated suturing, as well as the use of horse serum, calcium lactate, gelatin, etc., still continued to ooze. There was no history of haemophilia, and he had not fallen on a stick or been hit by a pencil—the usual story in such cases.

Dr. F. D. Gray told of case which he considered interesting, from a blood pressure standpoint. A man 73 years old with history and symptoms which pointed strongly to carcinoma of the pylorus, and probably elsewhere in the abdomen. He had stercoraceous vomiting, and operation seemed clearly indicated. On taking the blood pressure he found the systolic to be 170, and could not get the diastolic. He listened and listened, and the needle went down to 10. The operation lasted about an hour and one-half, it being necessary to do intestinal resection, and five hours later the patient got up a pulmonary oedema and died. He felt he would not again care to operate on a case showing the blood pressure stated.

Dr. W. F. Faison spoke of an eclamptic patient, eight and one-half months pregnant—blood spitting and pulmonary oedema, dyspnoeic, rapid pulse, etc. Difficult to decide best mode of treatment. Selected Caesarean because it could be done quicker than dilating the cervix, and it was accomplished in twenty-six minutes, under a gas-oxygen, in Trenedelenburg, and the woman made an easy recovery. Two days later, from the same, neighborhood, a case which a doctor had attempted to deliver, was sent to the sanatorium. Forceps had failed because of a hydrocephalus. Everything was clean and a version was done. She died four days afterwards with an antemortem temperature of 107. He felt that perhaps in this instance a Caesarean section would have inflicted less trauma.

Dr. S. A. Cosgrove recited a case rather similar to that of Dr. Faison. A primipara eight months; chronic endocarditis, with acute dilatation, condition desperate; selected Cesarean, as least traumatizing operation, and with the woman almost sitting up, this was done, and good recovery ensued. Probably a fatal issue would have followed any attempt at delivery from below.

Dr. J. H. Rosenkranz, of Hoboken, spoke on pseudo-hypertrophic muscular paralysis, describing its appearance, usually in late childhood, and he detailed a certain family where it had developed in three generations.

Dr. S. R. Woodruff mentioned that nephritis was not regarded as being in any way congenital, but he had in the Bayonne Hospital, a mother close to death with chronic nephritis, and during the last four months, four of her children had been admitted with the same complaint. Syphilitic tests on father, mother and children have all been negative.

Dr. W. L. Pyle was reminded by this hereditary talk, of a child which he delivered in 1887, who developed a dilated stomach, but eventually got along, and grew up to be a fine man. He attended this man's wife in confinement, and when the baby was five days' old, it developed dilated stomach, and began to fail. The mother took it to her doctor in Albany. He concurred in diagnosis of pyloric obstruction, and operated; the child went into shock and died. The family moved to New Rochelle; had another baby, who developed the same symptoms when one week old, and ten days later had gastro-enterostomy done in a New York hospital, and is alive and well to-day.

W. J. Webster, D. D. S., of Jersey City, speaking on clinical observations on tuberculosis affecting the teeth, remarked that within recent years we had learned that many diseases af-

fect the teeth, and among these, tuberculosis. He regretted that the dental profession did not lay as much stress on this condition as they did to syphilis, etc. He deplored the meagre consideration given to it in text books and dental journals. He had for the past eight years investigated the tuberculosis tooth question, and had noticed that in all well established cases of the disease, whether pulmonary or otherwise, that the mouth was in a very bad condition—a very offensive odor being present, the gums thick and swollen, and the teeth in such condition as to make it impossible for the patient to use them properly for mastication. He had also proven that repair work under these conditions was waste of time, as for some unknown reason the teeth disintegrate. He did not wish to convey the idea that in the tubercular we always find decayed teeth—in many such cases there was an immunity to decay of the teeth proper—it was the gum condition that worked the havoc.

Inasmuch as palliative treatment had proved ineffectual, he advised a complete radical extraction, irrespective of the stage or condition of the tuberculous process. He narrated the case of a servant well advanced in tuberculosis, who, after complete extraction, gained thirty pounds, continued to improve, and finally resumed her duties, and was kept track of for five years. He mentioned seven other cases where marked general improvement had followed the complete extraction. He emphasized the point that there were not cases of pyorrhoea alveolaris—there was no pus present. He was not able to give a clear scientific explanation of these conditions of the mouth in tuberculosis, but was an earnest advocate of the radical removal of the upper and lower teeth.

Dr. Wm. Freile and Dr. S. A. Cosgrove briefly discussed this talk, and referred to the good results that follow "cleaning" the mouth in some cases of arthritis and obscure infections.

Dr. Wm. W. Riha, of Bayonne, presented a paper entitled "Mother's Milk for Mother's Baby," which the Journal will publish in the near future.

#### MIDDLESEX COUNTY.

Frederick L. Brown, M. D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held November 17th, at the Perth Amboy Hospital, Perth Amboy. The president, Dr. F. M. Donohue, in the chair.

Dr. H. W. Nafey, of Highland Park, and Dr. William Klein, of New Brunswick, were elected members of the society.

Dr. E. M. Howley, of New Brunswick, read a very able and interesting paper on "Syphilis of the Eye," which was discussed by several members.

Acting upon the suggestion of the State Society's Committee on Publicity, the president, on motion, appointed Drs. English, Meinzer and Voorhees as a sub-committee representing this society.

Dr. M. S. Meinzer, of Perth Amboy, presented a very interesting and instructive case of Pernicious Anemia, the patient being present, (see Clinical Reports for case), Dr. J. G. Wilson and others discussed the case, Dr. Wilson giving report of another interesting case of the same disease.



Dr. C. J. Silk, of Perth Amboy, reported four interesting cases, one of very extensive burns, and one of pneumonia in a child with symptoms of meningitis, with recovery.

Dr. F. E. Riva, of Milltown, reported a case of much interest, because of different diagnoses having been made, and which he operated on in the hospital at New Brunswick and removed a large number of calculi from the kidney.

The cases of Drs. Silk and Riva were discussed at considerable length. There was a large attendance of members and all thought it was one of the most interesting meetings held in many months.

#### December Meeting.

This meeting was held at St. Peter's Hospital, New Brunswick, December 15, the president, Dr. F. M. Donohue, in the chair. Those dent, Dr. F. M. Donohue, in the chair.

Dr. John H. Anderson, director of the Squibb Laboratory, New Brunswick, was proposed for membership and his name according to by-laws was referred to the Committee on Ethics.

Dr. H. C. Voorhees reported a case of anthrax which was treated at St. Peter's Hospital during his service. The man had a large swelling in the left cervical region, surmounted by an ulcerous area about the size of a quarter dollar, of unusual appearance. The diagnosis of anthrax was confirmed by Dr. Anderson of the Squibb Laboratory, who made cultures of the blood and inoculated guinea pigs, all of them died. The man died four days after admission. Dr. Voorhees had not been able to ascertain how the man became infected.

Dr. F. L. Brown reported a case of diabetes which showed a high glycosuria—10 per cent.

Dr. F. M. Donohue reported cases of suprapubic prostatectomy, operated under spinal anesthesia with excellent results. He also spoke of cases of women who suffered from marked prolapse of pelvic structures, giving histories of lacerations from use of forceps and obstetrical operations, cases of marked prolapse with cystocele and rectocele; the cervix elongated and hypertrophied and the fundus atrophied. He corrected these by multiple operations, first operates on anterior wall then amputates the cervix; then repairs the perineum, bringing the levator ani muscles together and suturing; he then opens the abdomen and performs a ventral suspension operation.

#### MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The Morris County Medical Society held its regular December meeting at St. Peter's Parish House, Morristown, on the evening of December 21, 1915. Dr. H. A. Henriques, the president, called the meeting to order, and in the absence of Dr. H. W. Kice, Dr. Wm. F. Costello acted as secretary pro tem.

Dr. D. C. English, editor of the Journal of the State Medical Society, was present.

Drs. Frank A. Pinckney, Morristown, and John Miller, of Netcong, were elected to membership.

Dr. F. S. Meara, of New York City, gave an address on "Cardiac Conditions." He first briefly ran over the common symptoms seen by a physician that would make him appreciate that a patient had some serious cardiac involvement. His principal remarks showed the aid given by tracings from a cardiograph in

determining peculiar symptoms due to trouble in the regulating apparatus of the heart. Recent researches showed that the Kieth-Flack bundle, the remains of the blood tube of lower animals, was the originator of the impulse of heart contraction. This was found to be connected with the large veins and the auricular walls and was controlled both by the vagus and the sympathetic nerves, and had been aptly described as the "pace maker." Other parts that might give rise to cardiac impulses were the bundle of his and the more recently developed and much more prominent cardiac muscle.

The first condition described was the arrhythmia of the heart action seen in children and adults where there was no organic lesion, the arrhythmia being due to physiological conditions. Cases of this kind were often treated by prolonged periods of rest with no benefit. They were due to a lack of perfect unity in the Kieth-Flack bundle between the nerve endings which slowed or hastened the heart beat. The second series of cases was those that resembled heart block in pulse symptoms, but the cardiograms showed that the heart action was normal, but that there was a difference in time between beats with no real change in the heart action. These improved or showed normal tracings under atropin. The largest number of cardiograms shown were of those where there was marked auricular fibrillations, the auricle often contracting 320 times a minute; these contractions were too rapid to pass to the ventricles, and the ventricles did not contract more than 80 times, so there was no evidence from the taking of the pulse that there was any cardiac involvement. These were often helped by large doses of strophanthus. Other photographs shown proved what took place in the hearts of those who had smoked too much or were overworked when there were irregular beats started in other parts, also those where the heart muscle itself inaugurated contractions, generally between beats with enormous increase of the heart rate. These could be stopped as a rule by pressure over the right carotid in the neck which stimulated the vagus to again assume control. In some photographs it was plain to see that the auricle and ventricle were contracting with no reference to each other, though both series of contractions were regular or rhythmic.

In closing the doctor said that many of the cases called "indigestion," especially those with a great deal of air belching, were really due to cardiac conditions, even though little could be determined clinically, and discussed the classes of cases where digitalis was of most benefit.

### Local Medical Societies.

#### Associated Physicians of Montclair and Vicinity

On December 27, Dr. Louis Heitzman, lectured on "The Use of the Microscope in the Physician's Office."

Other speakers announced are: January 24, Dr. Herman O. Mosenthal, professor of medicine, Johns Hopkins Medical School; February 28, Dr. Frank S. Matthews, assistant professor of chemical surgery, College of Physicians and Surgeons; March 27, Dr. Robert L. Dickinson, Brooklyn; April 24, Dr. Francis

Carter Wood, director of cancer research; George Crocker, Special Research Fund, Columbia University; May 22, annual meeting, Dr. Arkell Roger McMichael, professor of materia medica therapeutics, New York Homeopathic and Medical College Hospital.

### Bayonne Medical Society.

Morris Frank, M. D., Reporter.

A regular meeting of the Bayonne Medical Society was held at Elk's Hall, on November 15, 1915, with Dr. Louis Deary presiding. The business portion of the meeting was disposed of and the reports of interesting cases were next in order.

Dr. G. H. Sexsmith—(1) Reported a case of confinement in which a midwife was first in charge. When he arrived he found an arm born up to the shoulder. The arm was black and swollen. The midwife had broken the membranes the night before during an examination and the arm was delivered then. He put the patient under anesthesia and delivered the child which was dead, feet first, as they were presenting. The delivery was easy, except for the head. The uterus was molded over the head and it was rather difficult to deliver it. The woman went into collapse and was treated with a dextrose solution but she died in two days.

(2) This patient was operated upon two years ago either for gallstones or for gastro-enterostomy. The appendix was removed. Complained of pain and dragging feeling in abdomen over the cicatrix. On opening the abdomen there were numerous adhesions. The omentum was attached to both sides of the scar, to the edge of the liver and to the side of the abdominal wall. The duodenum was pulled out of place. There was evidence of an old duodenal ulcer. The gall bladder was normal. Did a gastro-enterostomy.

Dr. W. H. Axford—(1) This case had been operated on for hernia. He was allowed to take his own temperature. One morning while taking his temperature the thermometer was lost. The house staff tried to find it with the proctoscope and by giving enemas but was unable to do so. He took an X-ray picture which showed the thermometer lying in the rectum. It was then easily removed. Proctoscope probably had pushed it out of reach.

(2) Man of fifty. Was troubled with dysphagia for about eight months. He was getting progressively worse. Was finally unable to swallow any kind of food whether solid or liquid. An X-ray showed an obstruction of the esophagus with a dilation immediately above it. He denied specific infection but a Wassermann showed up four plus. Was given intramuscular injections of mercury salicylate and KI by mouth. He is getting better and is able to swallow food.

Dr. S. R. Woodruff reported a case of spinster of twenty-five. Complained of frequency of urination for 10-12 years. There was no hematuria. The history pointed to a stone in the urinary tract. The patient was cystoscoped and had her ureters catheterized and nothing abnormal was found, except for a tongue-like excrescence which appeared to be a part of the internal sphincter of the bladder. This excrescence acted as an obstruction to the outflow of urine causing residual urine. It

also acted as a source of irritation by sort of tickling the base of the bladder.

Dr. Klein then gave a ten minute talk on "Serology." He discussed the luetin reaction and some of the recent tests for the amount of N in the different nitrogenous substances in the urine.

Dr. Edward E. Lupin then read the paper of the evening, entitled "Diet in Hyperchlorhydria." This paper is enclosed with this report.

Discussion.—Dr. M. Frank said that in order to understand how to treat the diet of a patient with hyperchlorhydria it was necessary to know what it really was. Hyperchlorhydria is an increase of secretion of HCl during the digestion of food in the stomach. There is no increase in the quantity of the gastric juice. This hyperacidity does not occur when the stomach is empty. There is no organic disease of the stomach. The gastric juice is divided into the primary or psychical which is ordinarily called the appetite, and the secondary which is the true. The primary gastric juice comes on within five minutes of the time food is taken into the mouth. The vagi nerves control its secretion as severing of these nerves abolishes its secretion. The percentage of HCl in the primary gastric juice is always uniform. Its secretion is excited by sight, odor, or taking of food into the mouth. The secondary juice comes within forty-five minutes after the ingestion of food. The vagi have nothing to do with its secretion. This is the juice which causes the trouble in Hyperchlorhydria. The percentage of HCl varies even during normal conditions and depends upon the type of food eaten. The cause of its secretion has caused a difference of opinion. There are two main theories. Edkins believes that it is a chemical process. He believes that when food enters the stomach the pyloric mucous membrane secretes a hormone of secretin which enters the blood stream and acts directly upon the cells of the gastric mucous membrane. Pavloff's theory is that it is a nervous mechanism with the nerves in the gastric wall controlling it. He believes that ingestion of food makes these nerves act on the gastric cells stimulating them to secrete. This theory is generally believed and has been borne by Carrell at the Rockefeller Institute and by Monod in Paris. They extirpated the stomach and kept up rhythmic contractions of the stomach for hours.

As for the diet, no two authorities agree. It is always best to consult the patient as to what agrees with him and what not, and to be guided accordingly. The most important thing is rest and change of environment. Put the patient on a milk diet for a week and then gradually increase his diet until he is able to eat a full meal without discomfort.

Dr. Woodruff believes there is no such thing as hyperchlorhydria. The increase of acid is not due to increased percentage but to increase in amount of gastric juice. He says it is a symptom of a number of abnormal disorders as gastric and duodenal ulcer, cholecystitis, gall-stones, chronic appendix etc. Is never a distinct entity. To cure it remove the cause.

Dr. Axford says that the great majority of cases are due to organic disease. The functional variety is due to indiscretions in diet.

Dr. C. J. Larkey—Suffers from it himself.



When he eats a light meal he has trouble. When he eats a heavy meal he has discomfort.

Dr. Sexsmith—Rest cure and change of environment will often cure them. Cited a case where a man got well in ten days on sodium bromide and essence of pepsin.

Dr. Klein—Has been troubled for seven years on and off with hyperacidity: Was X-rayed and was told he had a chronic appendix and duodenal ulcer. Diet does not have any effect, except that a heavy meal prolongs the interval between the ingestion of the food and the oncome of pain. Has been taking bicarbonate of soda and has had no trouble since.

Dr. E. Thum—Believes that it is due to irregularity in diet, overwork and mental strain. By regulating these errors condition is relieved, otherwise organic disease will set in.

Dr. Lupin (closing) agreed with Dr. Thum as to cause and added smoking as another cause. By treating the underlying cause patient will be cured.

#### Hudson County Tuberculosis Clinics.

Berthold S. Pollak, M. D., Secretary.

The seventeenth regular meeting of the Association of Attending Physicians of the Hudson County Tuberculosis Clinics was held on Monday, December 13th, 1915, in the medical room of the Jersey City Free Public Library, Jersey City. Dr. Harold W. Brown presided.

Present—Drs. A. W. Little, F. J. Quigley, — Scott, J. G. Enright, A. E. Jaffin, A. Sacco, B. S. Pollak, H. W. Brown.

Honorable Mark M. Fagan, Mayor of Jersey City, attended this meeting for the purpose of enlisting the aid and co-operation of this association towards the establishment of a tuberculosis hospital for children. At his request, a committee was appointed, consisting of Dr. B. S. Pollak and Dr. A. E. Jaffin to co-operate with Dr. F. H. Edsall, the superintendent of the Department of Health of Jersey City. The functions of this committee are to be of an advisory capacity.

Mayor Mark M. Fagan was elected to associate membership.

Owing to the lengthy discussion on the necessity of a hospital for tuberculous children, the papers of the evening were not read, but will be presented at the next regular meeting of the association.

All members present participated in the discussion which ensued.

Mayor Fagan responded, appropriately, to his election to membership and assured the members of his earnest desire to co-operate with them. He was much impressed with the earnestness displayed by the members present.

The meeting adjourned until Monday, January 10th, 1916. The clinic expenses for the month of November were: Expenses, \$501.41; salaries, \$1,918.04; county investigator, \$100; total, \$2,018.04.

#### Practitioners' Society of Eastern Monmouth.

Stanley H. Nichols, M. D., Secretary.

The November meeting of the society was held on the eleventh at the Monmouth Memorial Hospital, Long Branch, at 8 P. M. Dr. Harry B. Slocum, of Long Branch, the society's president, in the chair. After the roll call and minutes, Dr. Harry B. Shaw, of Long Branch, read a very practical and interesting paper on

"Ulcer of the Stomach." We discussed the cardinal points in the symptomatology complications, differential diagnosis, prognosis and treatment of the disease, laying special stress on the superiority of surgical treatment for the condition. He then reported several cases which he had operated on with success. A general discussion and report of gastric ulcer cases then followed in which Drs. James J. Reed, F. G. Angeny, D. D. Hendrickson, E. Beach, W. K. Campbell and H. B. Slocum took part. Dr. Shaw was then tendered a vote of thanks for his paper. Under case reports Drs. F. G. Angeny and H. B. Slocum reported cases

#### Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

The regular meeting of the Morristown Medical Club was held at Day's, Morristown, on the evening of November 24, 1915.

The Club was the guest of Dr. F. W. Flagge, of Rockaway. Dr. Clifford Mills, of Morristown, presided. Among the guests were Dr. T. W. Bebout, of Stirling; Emma C. Clark, of Dover, and Joseph H. Oram, of Paterson.

Dr. Flagge reported a recent case of Herpes Zoster involving the conjunctiva in an elderly person which had seriously interfered with his sight. The pain was present some time before the eruption appeared. He had found that after similar conditions many of his patients had frequent severe attacks of recurrent neuralgia. He also reported a death from cerebral hemorrhage in a woman of 27. She fell on the street and one side was found to be paralyzed. Examination showed a high blood pressure—180-200 m.m.—which could not be reduced; there was a large amount of albumin in the urine. The history revealed an earlier attack of acute nephritis. Five days after the fall and onset of paralysis, death occurred.

Dr. Grant Thorburn, of Newark, gave the address of the evening, his subject being "Cerebro-Spinal Meningitis." The doctor gave a resume' of ten cases admitted to his service in Bellevue Hospital. These were all adults and ranged from 15 to 46 years of age. Seven were men and three women. Eight recovered and two died. One of those who recovered had paralysis of the lower extremities, but this was thought to be due to other causes. The period after onset at which the cases entered the hospital ranged from 1 to 13 days. The portal of entry into the brain was not yet definitely determined. The principal symptoms were headache, drowsiness and slight rise of temperature, pain in the back, rigidity of the neck and opisthotonos. Lumbar puncture gave a fluid that was turbid, in which the meningococcus intracellularis of Weichselbaum could be found in a smear or grown in blood culture media.

The treatment was the use of Flexner's serum as soon as possible after onset and diagnosis. Some cases did not react. Flexner considers the reason to be that his serum is not derived from all the strains of the meningococcus that gave rise to the disease. Serum should not be administered too often as this might keep the temperature above normal after the infection was under control. Spinal fluid should be withdrawn and then about the same amount of serum, 25-30 c.m., allowed to flow into the canal by gravity, no pressure being

used. Several of the cases were reported in detail and none showed any apparent connection with others.

The members were nearly all able to report cases they had seen, most of which had benefited by serum treatment. Cerebro-spinal meningitis has never been epidemic in Morris County. It was also considered advisable to isolate subjects and disinfect their mouths, nasal cavities and conjunctiva, as well as the urine; for this latter purpose internal medication of urotropin was useful. After the business and scientific program the host provided a very enjoyable turkey dinner.

#### Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, November 26, 1915, at 8.30 P. M., Dr. Wolfe entertaining and presiding.

The roll call showed the following absentees: Drs. Bowles, Bramley, Gorton, Pollard, Rockwell and Tweddell.

The paper of the evening was read by Dr. W. H. Lawrence, on the subject, "Osteomyelitis and Metastatic Arthritis, Which?"

Osteomyelitis as well as metastatic arthritis is always the result of a metastatic infection from some other portal of entry. The joint cases are frequently mistaken for rheumatism, whereas careful examination and history will elicit a focus of disease elsewhere as the cause—either in the tonsils a gonorrhea, furunculosis or other suppurating wound, or a previous infectious disease. Pain, around or in a joint, is generally the first symptom, and it is vitally important to differentiate whether the trouble is located in the bone or in the joint. Suppurative periostitis is rare primarily—it is almost always secondary to an osteomyelitis.

In arthritis the pain is most intense on movement, the tenderness is superficial and fluid appears early. In osteomyelitis the pain is in the bone, deep and boring, and is not strictly increased by movement of the joint. The treatment of these conditions is radically different. In osteomyelitis, early incision and boring through the cortex to the medullary canal, with free drainage; in arthritis extension, immobilization and injection of 2% formalin in glycerin, without drainage. Vaccine therapy is of great help at times.

The paper was discussed by Drs. Baker, Keeney, Krauss, English, Meigh and Moister.

Dr. Moister reported a case of intensely virulent osteomyelitis and general pyemia caused by the streptococcus viridans, with death on the third day.

Dr. Krauss reported a case of pericarditis in which he had tapped the pericardium and obtained 12 oz. of fluid. The patient improved and is at present in good condition.

#### Washington Medical Society.

Frederick J. LaRiew, M. D., Secretary.

The meeting of the Medical Society of Washington, N. J., was held at the home of Dr. E. H. Moore, in Asbury, on the evening of November 4th, with Dr. Moore, the president, in the chair.

Those present from out of town were Drs. F. P. McKinstry, T. S. Dedrick, C. B. Smith

and F. J. LaRiew, of Washington, and Theo. B. Fulper, Hampton.

Correspondence from Dr. D. C. English, editor of the State Medical Journal, asking for the reports of the meetings of this society, was read. A motion was made and carried that the secretary send a report of each meeting as requested.

Upon invitation the next meeting will be held at the home of Dr. T. B. Fulper, in Hampton.

The essay of the evening, "Diagnosis and Treatment of Valvular Diseases," was then read by Dr. E. H. Moore. It was a very able paper and showed a great deal of research and thought.

The discussion was thorough and combined with the paper left nothing to the imagination.

A baby jaguar, a household pet, was an object of interest and was as playful as a house cat, fraternizing with the doctor's dog.

A very fine luncheon was served by the hostess, Mrs. Moore, and her capable assistants, after which cigars and a concert from an Edison machine giving us the privilege of hearing some of the world's best musicians.

#### December Meeting.

The regular meeting of the Washington Medical Society was held at the home of Dr. Theo. Fulper, in Hampton, on Thursday evening, December 2, with Dr. E. H. Moore, the president, in the chair. Those present were: Drs. F. P. McKinstry, C. B. Smith, Thos. Dedrick, C. M. Williams and F. J. LaRiew, of Washington; E. H. Moore, of Asbury, and Theo. B. Fulper, of Hampton. The minutes of last meeting were read and approved as read.

Dr. McKinstry read a letter from Dr. Maud Kinnaman outlining her present round of duties at Blockley Hospital, Philadelphia, where she is one of the resident physicians. Dr. Kinnaman is a resident of Washington, but is preparing herself to be a missionary in India. The letter was interesting because it brought vividly to our minds the valuable experience that will fall to Dr. Kinnaman during her work in the hospital.

The next place of meeting will be at the home of Dr. F. J. LaRiew, at Washington.

The essay of the evening, "The Treatment of Rheumatic Affections," was read by Dr. Theo. B. Fulper. The paper was comprehensive, exhaustive and timely because of the season.

The discussion was participated in by all present and was in many instances reiteration and corroboration of Dr. Fulper's course in treating this type of affections.

The following motion was made and seconded: "That the Washington Medical Society objects to the new ruling by the Bell Telephone Company, that all calls to the value of fifteen cents and under must be paid for if the party calling gets the telephone called for, even if the party called for does not answer; and further, that the secretary of this society notify the telephone company of the feeling of the Washington Medical Society in this matter." This was passed by a unanimous vote.

When it came to luncheon the table looked inviting, the courses were delicious, and the appointments perfect. The doctor is to be congratulated upon his wife as a hostess. In the language of Oliver Wendell Holmes, a doctor, "The true essentials of a feast are fun and feed." We had both fun and feed.



# THE JOURNAL

OF THE

## Medical Society of New Jersey

JANUARY, 1916.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,  
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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AUGUST A. STRASSER, M. D., Arlington, N. J.

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### TO OUR READERS.

It is no formal utterance, dictated by conventional usage, but the language of the heart, from its depths, when we send—as we now do—our greetings, wishing you—each and all—a very

## Happy New Year

The opening year gives promise of being one of great opportunities, which gladly seized and wisely used ought to make us happy, and the more so will it be if we make it a year of kindly, helpful effort to make each other and the world about us happier.

The year will be to the Editor a year of hard work. Editing the Journal is no easy task and the added work—as chairman of the Committee of Arrangements for our 150th anniversary—will for the next six months demand self-denial and some sacrifices, but with Stanley we will say “The bigger the work, the greater the joy in doing it,” and with the help of our able and efficient fellow members of the Publication Committee and of the Anniversary Committee, hard work will mean that best, truest happiness which comes from the consciousness of the fact that we have *tried* to do our duty in seeking to exalt our beloved Society and the great profession of which it forms, this year at least, a conspicuous part.

We wish every member of our Society this year to have a part in that work and

share in that happiness. Please carefully note the following editorial.—The Editor.

## The Year 1916

Is to be a memorable one in  
the history of

## The Medical Society of New Jersey

Its PAST has been glorious. Let us use the golden opportunities of the PRESENT to make its FUTURE still more glorious.

Five and a half months will bring us to our

## 150th Anniversary

Let these months be full of earnest thought and devoted professional work.

PAY YOUR DUES AT ONCE.

Attend every meeting of your County Society you can and help make every meeting deeply interesting and profitable.

Secure, if possible, the enrollment of *every* reputable physician in the county who is not already a member.

The Society will prove helpful to *you* personally, according to what you put into it of time, thought and work.

But of far greater importance is the standing of your county society in the State Society and in the American Medical Association. The strength and efficiency of these larger organizations depend on the strength and efficiency of their individual units—the county societies.

But greatest of all motives for best, most-devoted and self-denying service is—to maintain the true, altruistic record of our Profession in its divine mission—in the blessing of humanity.

FELLOW MEMBERS! Let us do our best work during the coming five and a half months and then let us come up to the 150th Anniversary Meeting at New Brunswick and Spring Lake, June 20-22, to get inspiration and power for the better service of humanity during the coming years.

The *Medical World* asks, “did anyone ever know wealthy physicians to bequeath large sums for the betterment of those in the profession?”

## GRADITUDE.

The Providence Medical Journal in a recent editorial said: "We seldom have occasion to give thanks for the gratitude of our patients"—see page 624 of our December Journal. We have been wondering why?

Our space is too limited this month to fully answer, but we query whether the gratitude of to-day that lacks expression is not in a large measure due to the passing of the old-time family physician, who was loved and was regarded as a member of the family circle, whose self-denying, yet cheerful response to every call was appreciated and whose interest in the welfare of the family so often was manifested when he was not "called"; who came in closer confidential relation to the family than did the spiritual adviser—venerated as he was in those days—as there were no secrets that were hidden from the beloved doctor. He was told all and his sympathy, patience and forgetfulness of self in his devotion to the sick was well calculated to make every member of the home circle love him—they could not help showing their gratitude.

We recall with deep gratitude and not a little emotion—for like love, gratitude begets gratitude—the grateful homes we served in former years. Some few remain where 40 or more years of care, testify that those still living and the old doctor are on "the same old terms." The editor still carries a beautiful gold watch given him 41 years ago by a dear patient, a doctor's widow, whose father had held high financial position under the U. S. Government in New York City and whose grandson is now an esteemed physician in that city. Our professional services were not acceptable unless we charged for them—not customary in treating a doctor's widow—a *moderate* bill was always presented and a check for double the amount was always received. Esteemed by us as though she were a mother beloved, we risked life itself to serve her.

In accepting the generous hospitality recently of Dr. F. W. Owen, when attending a meeting of the Morristown Medical Club, we were shown a number of handsome presents he had received in by-gone years from patients he had faithfully served. But we recall the gratitude also of several in the lowlier walks of life who never forgot their doctor's care and devotion; many were unable to pay in earth's coin, but they endeavored to strew a few flowers of heaven's choice plants along our pathway. After all, the gems of literature expressive of gratitude are not always those of elegant

diction with perfect orthography and grammatical accuracy. We received letters somewhat like the following, which has the true ring of a grateful heart, and which are among the treasures in our memory's storehouse:

July 21.

When we moved away from middletown we owed you some money. I don't know how much do you? We ware verry poor. We ware not able to pay. I seen the time when we did not have A null to eat but the lord has saved and sanctified my sole and I expect to go to heven. I want to ask you to forgive us and I want to pay you if I can. God bless you. I hope you are a christon god bless you all. An-  
cer soon frome Ida West, denton Caroline Co. Md.

September.

Doctor deare ser here is 5. I would sent it sooner but not able I warked hard in the canary fore this good by from Ida West denton let me here frome you god bless you I hope to meet you in heven.

We hope our good old friend Dr. Abraham Jacobi is right in his prediction that the old-time family doctor will occupy his place again in the home within the next fifteen or twenty years, but if so, will we not have to get back to the character of the *home* of former years? The competition in business in these strenuous times and the clubs and societies allow the father less time in the home and the mother's care and training of the children are too often given over to nurses; the societies in church and social life—bridge parties, etc.—and now in political life, occupy so much of the mother's and daughter's time that the real home life is threatened and we see divorces increase in number and domestic infelicities multiply.

We cannot now enlarge upon our reasons for believing that specialism is responsible for much of the ingratitude of the present day, especially the specialism that savors of commercialism or is inadequately equipped. We only express our strong conviction, based on much thought and observation, that no doctor is fitted for a specialty until he has had five or ten years' experience as a general practitioner. If that experience cannot be had as the old-time family doctor got it, it should be obtained in a hospital, where general diseases are treated, by service as a resident physician. Most failures—and they are many—among specialists have been due to faulty judgment arising often from lack of experience in general practice or lack of knowledge of other diseases as they complicate the special diseases, which they treat. We



believe the best solution of the problems that confront the general practitioner and the specialist in their relations to each other, is in so adjusting those relations that they shall work in hearty co-operation with each other. Then both will do better work and call forth more gratitude from their patients.

We call attention to the following words of an eminent surgeon, Dr. Stuart McGuire, of Richmond, Va., in speaking of post-hospital treatment:

The surgical operation never cures a patient, it only puts him in the way to get well. It often takes months and even years for the patient to get back to his normal. The question at once presents itself whether the surgeon or the family doctor should be responsible for him during this time. The best results are obtained by intelligent co-operation between the patient, the family doctor and the surgeon. The patient is sometimes so impressed by the hospital regimen that he is inclined to look back to the surgeon, rather than forward to the physician. Questions as to clothing, diet, whether or not to wear corsets, abdominal binders, baths, douches, the resumption of sexual relations, etc., tax the physician's knowledge and common sense. In the first place, all the facts of the operation and the subsequent convalescence should be written to the physician by the surgeon. I put the directions in writing so as not to tax the intelligence or understanding of the patient. Ten or twelve forms may be kept on hand that will cover most cases in which operations are performed in the general hospital, and revised for occasional cases. One or more of these forms should be sent to the physician for the patient's instruction.

#### A NEW-YEAR DESIRE.

In the approaching year may we keep our reverence unimpaired for the humble-minded and those who have suffered much; our humor alert for our own mistakes and our self-sufficiency, and not at any time wreak it upon the aged, the crippled, the obscure. May we guard childhood and honor age, however infirm and petulant, because it has gone a long way on the same road that bruises our feet; and ever seek to prolong the brief moment of joy as it visits children and lovers. May we have the grace to rejoice in the flow of life as it moves through men from generation to generation, and to be purified by the mystery in which we dwell—the night silences and the won-

der of our inner life. May we know that humanity is vaster than any creed of its devising, any church of its building, any religion of its shaping. May we look upon the widespread spectacle of human suffering and, having endured to look upon it, learn to know our single life—seemingly so unique—as a drop of that infinite sea. When it comes our time to realize that in this earthly progress we shall not long dwell with happiness or with success, may we clear our spirit of bitterness, and in calm strength continue at the work.—Exchange.

Your county society will become of greater value to you this winter if you assume an active part in its program. The notice of its meeting and the subjects to be discussed reaches you in ample time to enable you to allot a few moments to look up the subject and go over your own cases and thereby permit your participation in the discussion. You owe this to yourself and fellow member.—Mich. St. Med. Soc. Jour.

#### IS IT YOUR COUNTY?

We insert this without comment:

*Dear Doctor—Is my old—county society dead? I rarely see an account of it in the Journal. Have its members gone to sleep or what is the matter with its reporter?*

*There are more physicians outside, estimating the ability of a society's members, their interest in the profession and the value of their society's work than they seem to be aware of. We see the Atlantic, Essex, Hudson, Morris, Passaic and one or two others are awake and care for the New Jersey profession's standing.*

*Let them all wake up and let the world know they are alive. Surely they ought to do so this 150th anniversary year.*

*A Former Member.*

#### "PATENT MEDICINES;" "EXTRACTS."

Last month our editorial columns contained an article on "Nostrums." We give below a few illustrations corroborative of the views expressed therein, but more especially in relation to the alcoholic phase of these fraudulent concoctions.

The United States Health Service in Bulletin No. 227, says: "It has been conservatively estimated that the people of the United States expend annually \$500,000, 000 for medicine, and that by far the greater bulk of the medicine haphazardly and not under the direct supervision of experts

whose knowledge would tend to prevent harmful intoxication and untoward results from the injection of potent, and in many cases, dangerously harmful preparations."

A list of "alcoholic patent medicines" issued June 6, 1914, by the United States Internal Revenue Department showed that *there were at that date manufactured in the United States 287 preparations which, under the guise of "tonics," "stomach bitters," "rheumatic cures," "nerve restoratives," "kidney cures," "cordials," "dyspepsia cures," and different "extracts," contain variously from 30 to 90 per cent. of alcohol.* The Internal Revenue Department specifically describes this list of 287 concoctions as "alcoholic medicinal preparations which have been examined by this office and held to be insufficiently medicated to render them unfit for use as beverage."

Most of these so-called "patent medicines" are recognized as so unquestionably outside the range of having any medical value whatever, that dealers have been notified that they are liable to prosecution in selling them for medicinal use. Several have been fined in this and other States—one firm at Hoboken, N. J., \$25 and cost, one in Chicago that advertised a "Morphine Habit Cure," the label admitting (in very small letters) that it contained 75 per cent. of alcohol, but the U. S. Bureau of Chemistry found it contained 88.5 per cent., was fined \$100 and costs.

Not only are there frauds in medicines, but also in "extracts." The Bureau of Chemistry found a "Superfine Jamaica Ginger" that contained 33.3 per cent. of alcohol and was a dilute solution of ginger containing capsicum; also a "Superfine Peppermint" containing 60.40 per cent. of alcohol and only 0.80 per cent. peppermint oil; also "Extract of Cloves" and "Extract of Wintergreen," made by a St. Louis firm, showed the former to contain 45.30 per cent. of alcohol and 0.74 per cent. of clove oil, and the latter 45.31 per cent. of alcohol and only 0.57 per cent. of oil of wintergreen.

It is well for us to let the public have these facts and especially to have the public understand that *these facts were not published by the profession for the pecuniary benefit of its members, but that they have been published, after thorough investigation, by the Internal Revenue Department of the United States Government for the protection of the public against these frauds.*

## Correspondence.

From Surgeon-General Blue, of the Public Health Service and president-elect of the American Medical Association.

Washington, D. C., Dec. 13, 1915.

My dear Dr. English:

I am in receipt of your letter of the 5th instant, extending to me an invitation to be present at the 150th anniversary of the Medical Society of New Jersey, to be held at Spring Lake Beach, June 20-22, 1916.

I greatly appreciate the courtesy of your invitation, for I know that the meeting will be a most interesting occasion. Although the date is so far away that I do not feel free to accept definitely at this time, I hope that it will be possible for me to be present, and shall be glad to receive formal announcement of the meeting when they are issued.

Thanking you for your letter, I am,

Yours Sincerely,

RUPERT BLUE.

## Miscellaneous Items.

### Academy of Medicine of Northern New Jersey.

Stated meeting of the Academy Wednesday, January 12, at 8.45 P. M.

Section on Pediatrics, January 5, at 4.15 P. M. Program to be announced later.

Section on Obstetrics and Gynecology, January 27, at 8.45 P. M. Paper on "Surgery of the Breast," by Dr. Charles W. Strobell, of New York; paper on "The Midwife Problem, Past, Present and Future," by Dr. Seigfried Husserl, discussion opened by Drs. E. J. Ill, T. N. Gray and H. B. Kessler.

Section on Eye, Ear, Nose and Throat, January 24, at 8.45 P. M. To be announced later.

Section on Medicine, January 11, at 8.45 P. M. Paper on "Eczema" by Dr. H. J. F. Wallhauser, discussion opened by Dr. Fred C. Horsford.

### Society for the Relief of the Widows and Orphans of Medical Men of New Jersey.

The Board of Trustees desires to remind the members of this society that the income of the Permanent Fund is available for the purpose of extending financial aid to those members who through sickness or misfortune, may be in need of such help and that this assistance may also be granted to the widows or the young children of deceased members.

The board earnestly requests that knowledge of such need, coming to any member should at once be forwarded to the officers or trustees, and careful investigation will at once be made and if possible, relief afforded.

The Christmas season seems appropriate time to urge attention to this phase of the Society's work and the board trusts that this brief reminder will insure the extension of the society's beneficences to any member who may be temporarily in trouble.

E. J. Ill, president; C. D. Bennett, secretary.

Dr. John G. Wilson, Perth Amboy, one of Middlesex County's oldest and ablest physicians, narrowly escaped suffocation at 4 o'clock A. M. on December 31, when fire was discovered in his residence.



### Improving Cancer Statistics in the United States.

The following is the special report made by U. S. Census Bureau:

At the suggestion of a number of the foremost American students of the cancer problem, the United States Bureau of the Census has instituted radical improvements in the collection and publication of the statistics of this disease. A special report on deaths from cancer in the United States during the year 1914 is in preparation and will be issued shortly after the first of the year. Inquiries recently received by the Director of the Census having indicated that some misapprehension has arisen in regard to the purpose and scope of this study, the American Society for the Control of Cancer has issued a statement explaining the significance and essential features of this project of the Census Bureau which is thought not only to promise important additions to our knowledge of cancer but to constitute a noteworthy advance in the registration of American vital statistics.

It should first be made clear that the Census Bureau has not undertaken special research work that will in any way duplicate the studies of existing institutions and laboratories which are investigating the cause of cancer. On the other hand, there should result a marked improvement of our national mortality statistics of this disease in the direction of greater accuracy and more detail. The experience of foreign countries has shown the value of perfecting and carefully analyzing the annual statistics of deaths in order to throw new light upon the cancer problem, which still remains the chief outstanding question in the realm of medical science.

In February, 1914, the American Society for the Control of Cancer suggested to the Federal authorities that the figures of deaths from cancer in the United States Registration Area be published in greater detail, and that instead of being reported under only seven headings, as had been the custom hitherto, they be listed under many more titles according to the part of the body first affected, thus affording the opportunity for more exact comparative study. The suggestion received favorable consideration by the Bureau of the Census, and a special report for 1914 was ordered begun by the former director, Hon. William J. Harris, and is now nearing completion under his successor, Hon. Sam. L. Rogers. This special monograph on cancer will consist of tables showing the deaths from cancer, according to the site of the disease, age, sex, color, nativity and marital condition, for the registration area, the several registration States and the usual subdivisions. Figures for white and colored will be shown separately for such counties and towns as have a colored population of 10,000, or at least 10 per cent. of the total. The new plan subdivides the seven titles for cancer in the International List of the Causes of Death into twenty-nine headings referring to the exact site of the disease. For instance, all deaths from "cancer and other malignant tumors of the buccal cavity" will now be reported under the separate subdivisions for cancer of the lip, tongue, mouth and jaw, and similarly with the other groups.

Upon the further suggestion of a prominent

surgeon the Census Bureau also planned to increase the accuracy of the statistics by tabulating separately the returns in which the diagnosis was "reasonably certain" and those in which it was "uncertain." In arriving at this distinction a report is classed as "certain" if the diagnosis was confirmed by microscopical examination of tissues, or by surgical operation, or by autopsy. All cases of internal cancer in which the diagnosis was based on clinical observations alone are classified as "uncertain" regardless of any strength of assertion by the physicians that the diagnosis was correct. At the request of the Census Bureau an advisory conference, including representatives of the Harvard Cancer Commission, the George Crocker Special Research Fund of Columbia University, the Barnard Free Skin and Cancer Hospital of St. Louis, the New York State Institute for the Study of Malignant Disease, the Prudential and Metropolitan Life Insurance Companies, the American Association for Cancer Research and the American Society for the Control of Cancer, considered the details of the plan and assisted in the formulation of instructions for editing certificates of deaths from cancer in preparation for the special report. To gather the necessary detailed information the Director of the Census has sent over 35,000 letters of inquiry to physicians who certified deaths from cancer during 1914.

Although a large amount of additional labor has been thrown upon the Division of Vital Statistics of the Census Office by the preparation of this report, it is believed that the trouble and expense will be more than repaid by the result. The improvement of cancer statistics has practical bearings of greater consequence than may at first appear. Indeed, the importance of statistical investigation in arriving at the solution of the cancer problem is likely to be overlooked. Much of the valuable knowledge of the disease which we possess today has resulted from the collection and comparison of statistical data, and this method must be relied upon, side by side with experimental research and clinical observation, to elucidate the baffling problem of the nature and cause of this disease. The publication of this report by the Census Bureau should bring out new and useful information as to the prevalence of the disease in the United States and thereby contribute to the better understanding of its controllable features. Such a study as the Census Bureau is making, if continued, should also throw clearer light on the question of whether or not cancer is really increasing. The foremost authorities have repeatedly urged that this question can be scientifically answered only by studying separately the facts in regard to each of the many forms and sites of malignant disease. The Imperial Cancer Research Fund has co-operated with the Registrar-General of England and Wales in a thorough analysis of the detailed figures for cancer of the stomach, cancer of the tongue, cancer of the breast, etc., for successive years. By the progressive action of the Director of the Census similar data as to parts of the body affected on which such studies can be made will now become available for the first time in the official statistics of the United States.

The new plan will not only produce data for the year 1914, but every future year a vast amount of information will be recorded and

stored away, and can be compiled and published when the demand warrants. Efforts are also being made further to co-ordinate the work of the State and Federal statistical offices for the better registration of deaths from cancer and other diseases as well. By the operation of this plan and the mutually supplementary efforts of the national and State registration officials, it will be possible permanently to record and study the extensive American data on cancer mortality, with all the detail required by the most exacting statistical methods.

## Editorials from Medical Journals

### Mistaken Economy and the Treatment of the Chronic Insane.

From the A. M. A. Journal.

One hindrance to the adoption of improved methods in the care of the insane not infrequently is a mistaken idea of economy in the governing bodies of institutions. An average layman's idea of the economic principle underlying the care of the chronic insane probably is (at least, unless he has a personal interest in some member of this unfortunate class) that, within limits of decency, the less spent the better. Of course, for sheer humanity's sake, the insane must have food, clothing and adequate housing accommodations; they must be restrained from doing violence to themselves or to others, must receive necessary personal attention and must not be subjected to abuse. But, since the hopelessly insane are a total loss to themselves and to society, why spend money in any further attempt to improve their condition? Such, it is not unfair to surmise, is the unformulated feeling which puts obstacles in the way of individualized work with deteriorated patients. Dr. E. A. Foley, in the last issue of the *Institution Quarterly*, reports the results of experiments which indicate that, quite apart from the humanitarian aspect, such work is worth while from the purely economic point of view. Two of the apparently most hopeless patients in the Jacksonville (Ill.) State Hospital were selected for experiment. Both had records of destructiveness, filthiness, and most violent impulses; both had been expensive patients on account of the amount of clothing, bedding, furniture, etc., which they destroyed, and both were deteriorating. The patients were placed in charge of an especially patient and tactful attendant. At first hydrotherapy was employed; then the patients' interest was aroused by means of games and light work. Destructiveness and filthiness diminished; the patients became less vulgar and abusive; they became friendly to physicians and nurses. Of course, cures are out of the question, but the contentment and well-being of the patients have been vastly enhanced. From the financial point of view, there is a double gain. Not only are the patients now no longer destroying property; they are to some degree producers. So far as this experiment goes, such work appears to be of value from all points of view.

### The Public Is Waking Up.

From the A. M. A. Jour., Nov. 13.

A week or two ago we reprinted an editorial from the New York Sun on "The Newspaper

Press as an Educator in Medicine." The editorial contains one paragraph which is peculiarly appropriate in connection with the comment given above. Here it is:

"The Sun has endeavored to impress upon its readers the fallacy, if not the danger, of accepting prescriptions from doctors who, too indolent or unscientific to think out their own prescriptions, write for 'Kill or Kurem's' Hydrated Phosphate Compound, or C. D. & X. Company's 'Diostenin' or 'Professor Chadelle's Cresolated Compound,' the composition of which they either do not know at all or accept from the manufacturers. The chief aim of the latter naturally is to popularize these preparations by leaving samples at the doctor's office or offering them in generous quantities for the mere cost of a postal card. This injustice and danger to the lay patient will never be removed, because the medical journals with but a very small exception advertise these preparations, the value and uses of which the manufacturers, with the most brazen effrontery, offer to teach the doctor who will listen."

How many times The Journal has said the same thing. It is encouraging to see that the newspapers are helping to reform the medical profession in this regard. When the average layman wakes up to the fact that his doctor is prescribing a "patent medicine"—for the average layman will not be able to distinguish between many of the so-called "ethical proprietaries" and the common, every-day "patent medicine," any more than we are able to do so—he will either go to a doctor who will give him the benefit of scientific training and individual thought, or he will go to the druggist and purchase his own medicine and read for himself what the manufacturer has to say regarding it.

### Degrees and Titles.

From the Editorial in the Kansas State Medical Journal, December.

The different kinds of "doctors" are fast multiplying. I have mentioned many varieties essaying to minister to the infirmities of man and beast. And new pretexts for manufacturing new degrees along this line are constantly being found. Within very recent years one or two distinguished schools, and several smaller ones, aping them, have invented a new doctorate degree, viz., D.P.H.—Doctor of Public Health. As though the arduous course of study and training exacted of all candidates for the ancient medical degree were not enough to render them competent to give salutary civic counsel along lines of sanitation and prophylaxis, a special course has been devised, made up of nothing new, but baited, nevertheless, by a degree and diploma at the end of it, so that the recipients may wear something at the tail of their names that ordinary plug doctors cannot boast. I, for one, haven't yet been able to see why our medical sanitarians should need a special degree any more than our oculists, neurologists or other practitioners in special lines. If we must have "Doctors of Public Health," by all means let us also have "Doctors of Baby Hygiene," "Doctors of Eugenics" and "Doctors of Marital Felicity." All this flub-dubbery and flap-doodle of prefix and suffix is an atavistic reversion to the lust for the symbols and insignia of social caste, such as



crests, coats-of-arms and titles of preferment, all of which are obsolete, un-American and unworthy of a high-minded profession.

### The Hospital Question.

From American Medicine, Oct. 1915.

This question is looming large in current medical affairs and although it has not come to an issue yet, the day is not far distant when in justice to the rank and file of the profession the whole proposition must be taken up and placed on a better and fairer basis. The general practitioner, in large cities especially, finds it impossible to secure hospital care for his patients without the necessity of giving them up to another practitioner, not infrequently an active competitor. Thus the economic side of the question is becoming acute—for patients will go to hospitals. In the majority of instances people would prefer to remain under the care of their regular physician. Provision ought to be made, therefore, whereby the original attending physician could continue in charge of a patient who from necessity or otherwise seeks hospital conveniences, and the hospital surgeon occupy a position more nearly like that of the consultant in private practice. This would protect the interests of the original medical attendant without prejudice in any way to the patient or hospital. Unfortunately, under present conditions a patient who enters a hospital severs all relation with his original physician—unless this physician happens to be a member of the hospital staff—and even then if the patient has to go to a department of the hospital with which his doctor is not connected or at a time when he is not on duty. As a consequence, every practitioner of medicine—in New York City for instance—knows that sending a patient to the hospital means with the rarest exception that he has seen the patient for the last time in a professional capacity. No one will deny that this works a serious hardship on the medical men who do not have hospital connections, and these of course are bound to constitute the great majority. It is quite obvious that the question is too complex and has too many factors that must be considered, to admit of any full and comprehensive discussion at this time or within the confines of so brief an article as this must necessarily be. There is much to be said in extenuation at least—if not in excuse—of the present system of hospital management. But the condition is becoming intolerable to many a practitioner and unless present hospitals recognize the situation and make some provisions whereby the physicians of the community may command hospital care for their patients without relinquishing them completely, the doctors will take the matter into their own hands and organize institutions that will meet their professional needs. General practitioners are not seeking to do appendicectomies, gastro-enterostomies or major surgery generally, but there is a large amount of ordinary emergency surgery which every physician is qualified to handle, and any number of medical cases, which medical men in active practice should have the opportunity of taking to a well conducted hospital, with its many obvious advantages, and there direct their treatment, without let or hindrance from any one. We have

no idea of advocating surgery by the under qualified or inexperienced. The restrictions in this direction should be increased and made more rigid, not diminished. Operative surgery must be surrounded by every safeguard, and every effort enlisted to raise its efficiency. There can be no question of this. But the general practitioner should not have the legitimate field of his activities curtailed by the denial of hospital facilities. His license to practice confers upon him very definite rights and privileges and if he cannot secure these through existing agencies he will sooner or later take steps to develop agencies through which he can.

### Should Attending Hospital and Dispensary Physicians Be Remunerated?

From the Medical Times, New York.

That so many men are apparently willing to serve hospitals and dispensaries without remuneration is one of the wonders of the modern world. We suppose that the idea of remuneration never occurs to some of these consecrated ones.

If medical men had not allowed themselves to be used as they have been, there can be no doubt that the organization of our hospitals would have proceeded along far better lines. Not only has free medical service been immoral in itself, but it has been largely responsible for faulty hospital organization. We shall attempt briefly to make our meaning clear.

Cheap, in fact free, medical service accounts largely for the unnecessarily large number of hospitals. If medical men had to be paid for their services a far better system would be in vogue. A few standardized hospitals, with a central purchasing station, would serve all real municipal needs. Such hospitals would not hobble through their institutional lives financially crippled, badly administered, and manned by an absurd army of doctors who fatuously act as though they were above all economic laws. Persons desirous of bestowing funds in behalf of the sick poor could be certain that they would not be spent in the present economically wasteful manner. Many other advantages might be instanced, but we take it that they are obvious. Those that would accrue to the sick themselves would be incalculably great.

Our present hospital system is loose, disorganized, wasteful and medieval. It is a caricature of what a hospital system ought to be in a civilized country. To men with even elementary ideas about efficiency it must appear wanting; to men acquainted with the proper management of large affairs it must appear grotesque; to men with vision of what is possible it appears in its true light—a social crime.

That this state of affairs exists is chargeable largely to what is commonly called professional altruism, as revealed chiefly in this matter of free medical service. We think professional cretinism a better term. Not only does it account for the lack of proper hospital organization, but it accounts in large measure for the fall of the profession in public esteem—but that is another story.

We are unable to suggest the means by which large doses of social thyroid extract might be administered to our sick friends. The prognosis is bad.

### Reprints.

From Iowa State Journal.

A rather common way of disseminating medical knowledge is by means of the reprint, and many valuable libraries are supplemented by carefully indexed and classified reprints. It has been said that if authors do not regard their publications of sufficient value to have reprints made and distributed to those having an interest in the subject, the paper should not have been written. The writing of a paper merely for the purpose of having it appear in print is not a sufficient reason for its production. If, however, a physician has something in mind that he would like to say, it is quite the proper thing to write it out in a clear and concise manner, carefully examining what he has written to see if the premise is correct and if it may possibly contain something that will inform others. Many writers of otherwise interesting papers devote pages to text-book anatomy and physiology which discourage the reader or listener before the real subject is reached. Hastily written papers are at least undesirable for publication and do the writer no credit. Case reports are probably the most valuable of all and are more likely to be read and preserved in reprint form provided they are carefully written out, not for the purpose of exploiting the writer's skill in treatment, but because the case has some points of interest; it may be for the obscure symptomatology or error of diagnosis or from a failure to secure a satisfactory result, with an analysis of the causes of failure.

The advantages of reprints to those having limited library facilities are apparent. Doctors living in easy reach of large libraries and who look up their own references can save greatly in time by preserving, classifying and indexing the reprints that reach them. In this way a considerable collection of the best papers that appear in a wide range of periodical literature, may be made. Most large public and private libraries solicit these contributions and class them among the most valuable of their literary collections.

## Editorials from the Lay Press.

### MEDICINE'S TRIUMPHS.

#### Victory Over Epidemics During Past Year Is Marked.

From the N. Y. Tribune, Dec. 25th.

On the whole, at the end of the first year of the war, medicine is found to have acquitted itself well, says the "Lancet." There has been an absence of epidemic sickness, and there has been no catastrophe from sanitary faults. On the principle that lives saved are lives gained, the efficiency of the medical service has meant a gain of many lives to belligerent armies.

In France the care of the wounded behind the lines has steadily improved, and the experience which has been gained of unfamiliar diseases, and conditions, such as tetanus and gas gangrene, will be of the greatest value in the future. There have been several smart epidemics of typhoid, but neither in the English, French nor Belgian ranks was the disease ever allowed to make grave headway. During the

winter there was much suffering from exposure, but the chief cause of disability was "trench foot." There was less pneumonia and rheumatism than expected.

Concerning the Russian medical service the information is most satisfactory, though some apprehension was at first felt about it. The difficulty was not the personnel, but the distances. But the devotion of voluntary effort and of civilian medical men have over-ridden the difficulties, the organization has been excellent and the Russian army has been able to show a good bill of health through a terrible year. The story of Serbia is a triumph of preventive medicine, and the United States and England between them may lay claim to the credit. None of the stories of the terrible plight of the Serbians from typhus exaggerates the state of things. But the grip of the disease has been made to relax and the medical outlook is now hopeful.

### General Wood Suggested for Presidency.

From Collier's Weekly.

So far as we know, the name of General Leonard Wood of the United States army has never been discussed in connection with the Presidency. In mentioning it now we are ready to go so far as to say that in our present situation General Wood deserves a good deal more serious consideration than several of the favorite sons who are going to turn up at the Republican convention with fifty or a hundred delegates.

### The Death of Edith Cavell.

From Collier's Weekly.

When the Government of the great nation incurs the moral condemnation of mankind it is essential that the facts involved be clearly understood. Edith Cavell had been over twenty years in Brussels as the head of a hospital there. She was not in the pay of any government, she was not conspiring or spying against any government. Her sympathies led her to shelter certain Belgians and Englishmen and to help them escape from Belgium. For this she was secretly tried and hastily shot by the German authorities under Saubertzweig, Bissing, and Lancken. When American newspapers such as the San Francisco Chronicle and The State of Columbia, S. C., speak of Miss Cavell as a "spy" they are utterly mistaken, and to parallel the Cavell murder one must go back to Alice Lisle, beheaded by order of James II on September 2, 1685, for harboring two refugees from Monmouth's defeated army. (Mrs. Surratt was hanged in Washington because she had given shelter to and had known of the conspiracy which resulted in killing Lincoln, yet Rhodes and other historians unite in deploring her execution.) The French in the last year have executed two or more women, confessed spies and paid for their spying, but Edith Cavell had no part in any murderous conspiracy. German newspapers may heap contempt on "English cant" and revile Brand Whitlock, but they will be explaining Edith Cavell's death just as long as they have to uphold the present system of German Government. As a great French writer said: "The murderer has but one hour; the victim has eternity."



## Therapeutic Notes.

### Dysentery in the Young and Strong.

Magnesii sulph., 5j.  
Acid. sulph. dil., m x.  
Tinct. opii deodorat., m x.  
Aquea chloroformi q. s. ad., 5ij.

S.—To be given every 2 or 3 hours until feces appear in the stools, when small doses of opium and quinine sulphate may be used.

### Dysentery in Children.

Pulv. ipecacuanhae, gr.  $\frac{1}{4}$ .  
Bismuth. subnitrat., gr. v to x.  
Cretae praep., gr. iij.

S.—Every 2 hours.

### Chronic Dysentery—Chronic.

Cupri sulphat., gr.  $\frac{1}{6}$ .  
Ext. opii, gr.  $\frac{1}{4}$ .  
Ext. nucis vomicae, gr.  $\frac{1}{6}$ .  
M. Ft. pil. No. 1.

S.—To be taken 4 times daily.

### Bronchitis, Dry.

Potassii iodidi, gr. v to x.  
Elix. cinchonae, m xx.  
Vini picis liq., ad., 3ss.

S.—Three times a day.

### Bronchitis, Chronic.

Ammonii carbonat., gr. xvj.  
Fl. ext. scillae, 3ss.  
Fl. ext. senegae, 3ss.

S.—Teaspoonful every few hours, diluted.

### Influenza.

Quininae sulphat., gr. xxxvj.  
Ext. aconiti, gr. ijs.  
Phenacetini, 5j.  
Pulv. Doveri, gr. xij.

M. Ft. capsul. No. XXIV.

S.—Take two every 3 hours.

### Diabetes.

Potassii phosphat., 2 parts.  
Aquea, 75 parts.

S.—One teaspoonful 2 or 3 times daily, in wine or hop tea.

To Relieve Excessive Thirst.

### Diabetes Insipidus.

Strych. sulph., gr. 1/48.  
Acid. hydrochlor. dil., m x.  
Aquea laurocerasi, 5ij.

S.—To be taken 3 times daily in water.

### Rheumatic Fever.

Acidi salicylici, 3ss.  
Liq. ammonii acetat., 3iv.  
Spt. etheris nitrosi, 5j.  
Syr. simplicis, 3j.

S.—Tablespoonful every 3 hours well diluted.

### Ordinary Kerosene in Laryngeal Diphtheria.

Dr. T. M. Clayton, in the British Med. Jour., records four grave cases of laryngeal diphtheria in young children from two to four years of age, in which recovery is attributed to the internal administration of ordinary kerosene or "lamp" oil. Two of the four cases were in such condition that tracheotomy was out of

the question. It was not performed in any of these cases. All were treated by injection with anti-diphtherial serum. To each, doses of 30 minims of kerosene oil were given thrice successively every four hours, then 10 minims doses three or four times daily, until normal breathing was established, which occurred in all four cases in forty-eight hours. From the first dose the breathing became easier, improving with each successive administration, until it became tranquil. In no case was any untoward action of the petroleum observed. The author is inclined to give the chief credit for the four recoveries to the petroleum administered. Similar cases previously treated with antitoxin, without petroleum, had been lost. Two of them were practically in extremis when first treated with paraffin. The author is convinced that if petroleum were administered in the conditions variously diagnosed as spasmodic croup, membranous croup or laryngeal diphtheria, many lives would be saved. The taste of the kerosene was disguised by means of compound decoction of sarsaparilla.

**Gastric Ulcer Hemorrhage.**—Medical treatment during acute hemorrhage should be the rule. The mortality is low in non-operative treatment, only three to five per cent., but extremely high if operation be performed. We should trust surgery less, and nature more, during this period.—Arthur Hollingworth, in the Providence Medical Journal.

**Elevation of the Patient After Laparotomy.**—In the last few years I have been in the habit of at once elevating the head of the bed in practically all abdominal cases. As soon as consciousness is complete, or within twelve or twenty-four hours, patients are placed high and comfortably with pillows on the back rest. This without doubt materially lessens the nausea and flatulency, and in all peritoneal and pelvic infections improves drainage.—Raymond Wallace in the Southern Medical Journal.

### Throat Lozenge.

Dr. Collischonn, in Med. Klink, states that about six years he has used a tablet or lozenge which has proved very useful in various throat troubles; it is a good adjuvant even in diphtheria. The lozenge has the following composition:

Anaesthesin, 0.03 ( $\frac{1}{2}$  gr.)  
Phenacetin, 0.08 ( $\frac{1}{3}$  gr.)  
Thymol.  
Menthol.  
Ol. Eucalpti aa 0.0015 ( $\frac{1}{40}$  gr.)  
Powd. Acacia, q. s.  
For one Lozenge.

One lozenge is allowed to dissolve slowly in the mouth every hour.

**Gonorrheal Ophthalmia.**—In gonorrheal ophthalmia in the adult, protect the eye with a watch glass affixed with adhesive plaster, wash it out frequently with a silver salt solution, use atropine drops to prevent adhesion of the iris, and apply leeches to the temple to reduce inflammation.

**Cinnamon Oil for Warts.**—Oil of cinnamon, applied to the head of a wart as an escharotic, causes little heat, no burning, no scab, and no

scar, according to Rosenberg, who states in *El-ingwood's Therapeutist* that he has obtained the best results from its use in this connection.

In prostatic disease, not the acute infective conditions, try extract of prostate gland five grains, with or without thyroid extract one-quarter grain three times a day.

As a diuretic in severe anuric or dysuric conditions, inject a half to one c.c. of pituitary liquid by intramuscular, or, in extreme cases, intravenous injection.

**Morphine and Pituitary in Labor.**—If morphine has been administered during labor, pituitary, if given, will not be so active. In such cases either give a larger dose of pituitary or, better still, a second dose in twenty minutes.

**Menstrual Suppression** may be of thyroid or pituitary origin. Extracts of either of these glands have been given in this condition singly or combined, and have frequently re-established this function.

We take the following from *Critic and Guide*:

In chronic bronchitis terebene in capsules of two or three minims three times a day is very beneficial.

The night sweats of tuberculosis may be controlled by sponging at bed-time with diluted vinegar or brandy.

Ringworm or favus of the nails should be covered with wool soaked in iodine under a finger cot. This will cure, but it takes several months.

Quinine must be continued for at least two months in the mildest cases of malaria, and from 3 to 6 months in severe cases. Five grains three times a day for a week after the paroxysms have been subdued and then 5 gr. daily.

It is only when there is a defect in the elimination of sodium chloride, with consequent edema, that diaphoresis is of value in nephritis. Nor can much be expected from diuretics. Elimination by the bowel is best.

In febrile cases the head should be kept low (no pillows) when the heart-action is feeble.

In erysipelas the affected parts should be protected from contact with other parts of the patient's body to avoid auto-infection.

Expectorants are useless in pneumonia and only worry the patient, unless bronchitis is present.

Cream of tartar (potassium bitartrate) is a useful remedy in cases where the volume of urine is below normal.

One per cent. picric acid in water makes a saturated solution of great value in the immediate treatment of burns and scalds. The dressing may be left in place 48 hours and a second application is unnecessary. Another advantage is the prompt cessation of pain.

## Hospitals and Sanatorium.

**Bridgeton Hospital.**—The campaign to raise \$30,000 for the enlargement and better equipment of this hospital up to December 28 reached \$26,000.

**Morristown Memorial Hospital.**—Extensive improvements have been made in additions to and equipment of this hospital. We hope to hear from Dr. Henriques some report for the next issue of our Journal.

### Newark City Hospital.

The Newark Evening News says: Newark is proud of the record of its City Hospital and has been generous in support of it. The city grudges no sum necessary to make the hospital the peer of any similar institution in the land. It expects to see it kept thoroughly up to date and in conformity with modern methods of hospital management, and it will sustain the Board of Health in its determination to bring this about.

### Rahway to Have a Hospital.

Rahway is to have an up-to-date hospital equipped with ten beds and open for general use as a result of action by Dr. George L. Orton and Dr. John S. Young of that city, Dr. F. H. Albee of Colonia and Dr. B. W. Hoagland of Woodbridge, who have purchased the property at Jaques and West Hazelwood avenues. The hospital will be conducted on a self-supporting plan. It is proposed to have an advisory board of citizens and a consulting board of physicians.

As the organization stands, Dr. Albee is president, Dr. Young vice-president, Dr. Orton secretary and Dr. Hoagland treasurer.

**State Hospital, Morris Plains.**—A bill will be introduced at the next session of our Legislature appropriating \$150,000 towards the purchase of land and the erection of a new building for the relief of the overcrowded condition of the hospital.

### Hudson County Tuberculosis Hospital and Sanatorium.

The report for November, 1915, shows:

Number of patients last report, 165; admitted during November, 28; total, 193. Patients discharged, 17; improved, 8; unimproved, 9; died, 12. Patients remaining, 164; employees, 45; total, 209. Direct maintenance account: Total expense, \$6,349.27; per capita cost, \$1.004; administration expense, \$9,160.06; total per capita cost, \$1.44.

Of patients remaining November 30th, 4 are incipient, 8 advanced and 152 far advanced cases.

Dr. Robert Ingram, in presenting before the Academy of Medicine the report of the neurological department of the Cincinnati Hospital during the past decade, said that syphilis was found to be the principal etiological factor in diseases of the nervous system, with alcohol second, injury third, and tuberculosis fourth.



**Presbyterian Hospital Training School, Newark**

The first annual commencement of this Training School for Nurses was held recently when three nurses received their diplomas from Dr. Charles E. Teeter. One of the addresses was delivered by Dr. Samuel E. Robertson, medical director of the hospital.

**Marriages.**

**DOOD-JONES.**—At Bloomfield, N. J., October 12, 1915, Dr. Raymond Canfield Dodd, of Glen Ridge, to Miss Edna Houston Jones, of Bloomfield.

**MUELLER-TEN BROECK.**—In New York City, October 25, 1915, Dr. George H. Mueller, of Jersey City, N. J., to Miss Helen Ten Broeck, of Asbury Park, N. J.

**Obituaries.**

**DAVIS.**—In Camden, N. J., November 11, 1915, Dr. Nehemiah Davis.

Dr. Davis for many years conducted a pharmacy in Camden. He graduated from the Philadelphia College of Pharmacy in 1878. In 1883 he entered the office of his brother, the late Dr. William A. Davis, as a medical student and later entered Jefferson Medical College from which he graduated in 1886. He practiced medicine in Camden and also in Wildwood and Sea Isle City.

**GRIFFITH.**—In Trenton, N. J., November 24, 1915, Dr. William H. Griffith, aged 82 years. He graduated from the Hahnemann Medical College, Philadelphia, in 1872; was assistant surgeon of volunteers during the Civil War; one of the founders of the McKinley Hospital at Trenton.

**MESSERVE.**—In Berlin, N. J., November 22, 1915, Dr. Frederick W. Messerve, aged 55 years. He graduated from the Hahnemann Medical College, Philadelphia, in 1885. He was for several years resident physician at the Hahnemann Hospital in Philadelphia. His home was in Berlin.

**IN MEMORIAM.****Horace G. Norton, M. D.**

Whereas, The ever-living and true God has called one of our faithful members and fellow practitioners to his long rest for his last consultation with the Great Physician; therefore

Be it known by these presents that we do lament the death of Horace Greeley Norton, M. D., a member of the Mercer County Component Medical Society, a sincere friend, trusted counselor, a charitable physician and benefactor of mankind.

The Society, its individual members and the public at large will miss his esteemed presence and knowledge of his calling only as a bright and intelligent physician can be missed by inability to replace him in their memories.

We honor his virtues and having experience of his friendly conversation void of empty formality, full of freedom, constant and gen-

We are unable to erect his worth upon the pillars of our profession whose merits he leaves illustrated.

erous honesty, we preserve your relationship and deeply mourn his loss to our society and to his family by these humble resolutions.

Frank G. Scammell, M. D.; Henry B. Costill, M. D.; George H. Parker, M. D., Committee of the Mercer County Medical Society.

**IN MEMORIAM.****Henry Huber Sherk, M. D.**

The death of Dr. Harry Huber Sherk, of Camden, N. J., on June 1st, 1915, was a loss not only to his fellow-practitioners but also to the community. Small of stature, mentally alert and possessing a cheerful disposition and a pleasant countenance so ready to light into a smile, and never wanting its kindly aspect, will ever remain in the hearts of his friends and patients, he was thoroughly honest in thought, speech and action. He always did the thing which he believed to be the best for his patient, kind and gentle in his manner. A certain simplicity was in all his ways. Dr. Sherk was known to, and highly esteemed by, thousands of his fellow-citizens. He exemplified the saying, "Homo sum, humani nihil a me alienum puto," and his aid for any worthy public object was never sought in vain.

Dr. Sherk was born on March 24, 1859, in Lebanon, Pa., and he attended the Lebanon Valley College at Annville, Pa. He came to Camden in 1875, and clerked for Dr. Armstrong in the latter's drug store at 309 Market street. While there he attended the Philadelphia College of Pharmacy, from which institution he was graduated in 1881. He opened a drug store for himself at Twentieth and Federal streets, and while there he studied medicine at Jefferson Medical College. He was graduated from Jefferson in 1886 and began the practice of medicine in 1887 at Twenty-seventh street and Westfield avenue, to which location he had removed his drug store. During the same year, 1887, he married Emma Light, of Lebanon, Pa., and shortly afterwards gave up the drug store and confined his time to the practice of medicine.

He was a member of the Camden City Medical Society, the Camden County Medical Society. The American Medical Association, and the Philadelphia Medical Club, and former president of both the City and County Societies. He was also a permanent delegate to the New Jersey State Medical Society. Also a member of the Cooper Hospital Staff. He had served two terms as coroner of Camden County, had been a member of the City Board of Health, and was a director of the East Side Building and Loan Association.

Alexander Macalister, Camden, N. J.

**SAYRE.**—At Red Bank, N. J., December 11, 1915. Dr. Jeremiah E. Sayre, aged 63 years.

Dr. Sayre graduated from the Jefferson Medical College, Philadelphia in 1883 and practiced medicine at Red Bank since. He was a member of the local Board of Education for twenty years.

**SAYRE.**—At Red Bank, N. J., December 26, 1915, Mrs. Ida R. Sayre, wife of Dr. William D. Sayre.

Mrs. Sayre was a member of the Red Bank Auxiliary of the Monmouth Memorial Hospital.

## Personal Notes.

Dr. Noble H. Adsit, Succasunna, returned home last month from a visit to Burlington, Vt.

Dr. Robert R. Armstrong, Passaic, county physician, suffered severe bruises last month in a collision of his automobile with another car. He was confined to his home for a few days.

Dr. J. G. L. Borgmeyer, Bayonne, and wife recently returned from Vienna where they went four months ago to do hospital work for the Germans and Austrians in the field.

Dr. Walt. P. Conaway, Atlantic City, at a recent meeting of the Medical Society of the County of New York, spoke on the efficiency of autogenous vaccines in conditions due to the Cornellian-King diplococcus.

Dr. Hugh F. Cook, Newark, and wife entertained Governor Walsh of Massachusetts last month when the governor delivered a lecture on "Women and Politics" in Montclair.

Drs. A. Cornwell and W. P. Glendon, Bridgeton, and H. E. Lore of Cedarville enjoyed a successful gunning trip to the South.

Dr. Wells P. Eagleton, Newark, and wife spent a few days in Washington, D. C., last month.

Dr. Walter R. Elliott, West Collingswood, has recently had a large extension made to his residence.

Dr. Britton D. Evans, Greystone Park, has been chosen chairman of the committee to propose legislation for securing better care of the insane.

Dr. Isaac N. Griscom, Camden, has removed his offices to Cooper street, corner of Sixth.

Dr. Thomas W. Harvey, Jr., Orange, has been appointed an instructor of the first aid class of the Red Cross Society of the Oranges.

Dr. Frank L. Horning, Camden, is one of the grand jurors drawn by the County Jury Commission for the present term.

Dr. Henry W. Kice, Wharton, was recently elected vice-president of the Dover Athletic Association.

Dr. William H. Lawrence, Summit, enjoyed a hunting trip in the South last month.

Dr. Julius Levy, Newark, director of the bureau of Child Hygiene, Newark Board of Health, has had his salary increased to \$2,400 per year.

Dr. David B. McCartie, Newark, has a paper in the Dec. 11 Medical Record on "The Causes and Cure of Defective Diseases of the Kidneys."

Dr. William Martin, Atlantic City, read a paper before the New England Association of Physical Theraputists, in Boston, Nov. 23, on "Flat Foot; its relation to Neuritis, and its Treatment."

Dr. Paul M. Mecray, Camden, has an able paper in the Camden County Society Journal on "Hematuria."

Dr. Albert B. Nash, Newark, who was after operation confined in Johns Hopkins Hospital, Baltimore, for several weeks, has returned home and resumed practice.

Dr. Richard C. Newton, Montclair, has a paper in the December 4 Medical Record on "Some of the Automatic Balances in the Human Body."

Dr. B. Frank Ogden, Clayton, was elected in November one of the coroners of Gloucester County.

Dr. Daniel Strock, Camden, read an able and interesting paper before the Cooper Hospital Clinical Society, October 17, on "The Genesis of the Camden County Medical Society." It is a valuable historical sketch of the society. It is published in the County Society's Journal.

Dr. Lancelot Ely, Somerville, and wife, entertained the Monday Evening Club at their home December 20th.

Dr. William E. Ogden, East Rutherford, was appointed county physician recently by the Bergen County Freeholders.

Dr. Thomas P. Prout, Summit, has been obliged by pressure of professional work to resign as a member of the local Board of Health.

Dr. William G. Schauffler, Lakewood, has been elected surgeon of the Society of Mayflower Descendants in New Jersey.

Dr. Charles B. Smith, Washington, delivered a farewell speech to the Common Council in concluding his twelve years' service as Mayor.

Dr. John W. Clarke, Lyndhurst, has recently been placed in charge of the hospital at the municipal plant.

Dr. Arthur W. Condict, Dover, has been recommended by the local health board to the City Council for reappointment as a member of the board. He has been a member nineteen years.

Dr. Victor Mravlag, Mayor of Elizabeth, has been selected as a member of the Union County Grand Jury.

Dr. Peter McGill, Bound Brook, spent a few days recently at Lambertville.

Dr. Frank W. Pinneo, Newark, and wife are receiving congratulations on the arrival of a daughter in their home.

Dr. Thomas H. Mackenzie, Trenton, and family have our sympathy in the severe illness of his son, Dr. E. G. Mackenzie, assistant surgeon U. S. Navy, now in Holland. Mrs. Mackenzie recently sailed for Rotterdam to bring him home.

Dr. Howard F. Palm, Camden, has recovered from a severe illness and resumed practice.

Dr. John M. Randolph, Rahway, was recently elected physician of the Fraternal Order of Eagles.

Dr. Elmer G. Wherry, Newark, read a paper before the Central Dental Association December 20, on "Mouth Infections."

Dr. Andrew F. McBride, Paterson, has been appointed by Judge Silzer, chairman of the commission to divide the township of Acquackanonk.

Dr. Victor Mravlag, Elizabeth, as Mayor, has appointed a committee to report a method to co-ordinate the work of various local organizations in combatting tuberculosis. The Mayor says the number of cases in the city is increasing.

Dr. Benjamin H. Rogers, Paterson, spent two days in Trenton last month.

Dr. John A. Runnels, Plainfield, superintendent of Bonnie Burn Sanatorium, Scotch Plains, says the institution would be glad to care for children at the institution if a school building is provided.



## Medico-Legal Items.

### Suggestion of Insurance to Jury in Malpractice Case Causes Reversal.

In an action against the visiting senior surgeon of a hospital for damages for his alleged negligent failure to care for the plaintiff's dislocated knee, the evidence was held to make a close case as to whether the surgeon had neglected to care for the plaintiff to his injury or whether the want of treatment was not in accordance with the plaintiff's expressed wishes. The surgeon was serving without pay. The plaintiff's counsel sought to appeal to the prejudice of the jury by placing the defendant, contrary to the facts, in the position of one owing a special duty to the plaintiff out of the many patients in the hospital. On appeal from a judgment for the plaintiff, it was held that the action of the plaintiff's counsel in asking the jury whether they were interested in any insurance company issuing policies for protection against liability for injuries from malpractice, was ground for reversal.—*Rothenberg v. Collins*, 161 N. Y. App. Div. 387, 146 N. Y. Supp. 762.

### Practicing as a Non-Drug-Giving Physician.

The Supreme Court of North Carolina says that the defendant was tried and found guilty, in the municipal court of Greensboro, of practicing for fee and reward, without license, as "a non-drug-giving physician." On appeal to the superior court of Guilford, on a special verdict finding the facts, the judge held the defendant not guilty, and the State appealed. The Supreme Court reverses the latter judgment. It holds that on the special verdict the lower court should have held the defendant guilty. The Supreme Court says that it was agreed that the defendant was resident in Greensboro April 14, 1914, and on that day was engaged in the practice of "chiropractic and suggesto therapy" as a non-drug-giving physician, and received compensation therefore; that chiropractic is a system of treating human diseases without use of drugs by manipulating the spine, and that suggesto-therapy is a system of treating nervous diseases without the use of drugs by mental suggestion. By the act of 1907 (Chapter 764) it was intended to protect the public against imposition by those claiming to heal diseases without the use of drugs as osteopaths. Since then those claiming to heal without prescribing drugs have taken various and numerous appellations, and thus avoided the protection intended to be afforded the public as to "non-drug-giving physicians" by the act of 1907. In consequence, the act of 1907 was amended in 1913 to add after the word "osteopathy" the words "or other non-drug-giving school of practice." The act also fully and elaborately prescribes that it shall apply to all practice of healing of every kind that is not drug-giving, excepting only "Christain Scientists or masseurs or any one following in his or her practice the orders of licensed drug-giving physicians." The object of the act of 1913 is simply to extend the protection to the public given by the act of 1907, as against all other non-drug-giving practitioners of healing, with the exception just quoted. That this is the scope of the act, and that it is not intend-

ed to make compliance therewith a monopoly in the hands of "osteopaths," the act prescribes an examination only in the following subjects: "Anatomy, physiology, pathology and diagnosis." Less could not be required reasonably of any one holding himself out as competent to prescribe for "the ills that flesh is heir to." The intent of this statute is clearly and solely for the protection of the public. An uneducated, ignorant and incompetent doctor turned loose on a helpless community is as deadly as a park of artillery.—(*State vs. Siler* (N. C.), 84 S. E. R. 1015).

### MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed
California, June ...	37	35	2
Idaho, Oct. ....	7	7	0
Indiana, July ....	43	40	3
Iowa, June .....	57	56	1
Michigan, June ....	59	55	4
New Jersey, June ..	40	35	5
Oregon, July .....	49	31	18
Tennessee, June ...	105	101	4
Texas, June .....	139	136	3
Vermont, July ....	27	27	0
West Virginia, July	46	43	3
Wisconsin, July ...	68	61	7

## Public Health Items.

### Epidemics of La Grippe.

A very extensive epidemic of grip occurred in the City of Camden and other places in South Jersey last month, very many of the cases were complicated with pneumonia and there was a large number of deaths in Camden therefrom.

Rather extensive epidemics of measles in Metuchen and of la grippe in Collingswood were reported last month.

According to the Journal A. M. A., the reduction in the death rate from tuberculosis in Ontario continues, it having dropped to 85 persons per 100,000 of population. Eleven years ago the rate was 148 persons per 100,000.

Owing to the infant welfare campaign instituted in New York State, the mortality rate has been markedly reduced. The infant mortality rate from January 1 to August 1, 1913, was 111 per 1,000; for the same period in 1914 it was 102 per 1,000; this year it is 98 per 1,000.

A good rule for school teachers and parents to follow is to assume, in the presence of an outbreak of measles, that every child showing symptoms of an acute cold is developing measles and treat it by isolation and proper medical supervision. — Bulletin Cincinnati Health Department.

**Water Company Held for Typhoid.**—The Mt. Holly Water Company has been held responsible for causing typhoid fever during the outbreak in 1912, by a jury in the Burlington County Court which awarded \$500 to William S. Fryer in his suit to recover on account of the illness of his daughter. This is the second successful suit against the water company.

### Health, Social Service and Government.

The higher ethical standards and the broad humanitarianism which have developed among large masses of the people, in these recent years, demand that the health and social service activities of the government shall be absolutely divorced from politics.—Governor Charles S. Whitman, of New York.

Truer words were never spoken. Let us hear and heed them.—Editor.

**Death Rate and Intelligence.**—If the principles of sanitation as they are understood to-day were put into practice, the average life expectancy would increase to sixty-five within fifteen years. The death rate to-day can be determined by the measure of intelligence prevailing in any considerable area or section.—Victor C. Vaughan.

**School Medical Examination.**—The Supreme Court of South Dakota has decided that a regulation of the school authorities of Aberdeen requiring that each child seeking admission to the schools must furnish a "physical record card" signed by a physician, was reasonable and valid, that it did not unlawfully bar any pupil from the schools, and that the school board had authority to adopt such a regulation.—Public Health Reports.

### Nurses and the Newark Board of Health.

At a meeting of the Board of Health, December 16, Dr. William S. Disbrow, president, said he believed the proper course would be for the nurses to make a rough diagnosis, subject to the approval of a physician, and send the children home. The pupils should not be sent to the city clinics, he asserted, but the parents should decide whether they go there or be treated by the family physician. In this Dr. Disbrow found a seconder in Dr. C. Fred Webner, chairman of the committee. The latter said he not only believed the nurses should not send the youngsters to the city clinics, but that no child in the city should go to a clinic, except when the parents sent a note expressing a willingness that they be treated at the clinic.

**Measles.**—The essential points in regulations for the control of measles are: The case shall be recognized and isolated at the earliest possible moment; the premises on which the case is isolated shall be placarded; the patient shall be isolated for at least five days after the appearance of the exanthem; adults and children who have previously had the disease need not be restricted, but it is advisable to warn them as to the slight possibility of second attacks, and keep them under observation; children who have not previously had measles and who are in contact with cases, need not be restricted for seven days after contact, but should thereafter be isolated for at least ten days and carefully observed. Disinfection after measles is useless and unnecessary. Transmission of measles by third persons or fomites must be exceedingly rare, if it occurs at all.—H. F. Gray, Jour. Infect. Dis.

**State Department of Health.**—The following have been appointed as chiefs of the various divisions:

Dr. Jacob C. Price, Branchville, chief of the

division of bureau administration; R. B. Fitz-Randolph, Ph. D., chief of the laboratory of hygiene; Dr. A. Clark Hunt, Metuchen, chief of the bureau of medical supervision; Dr. Millard Knowlton, chief of the bureau of education and publicity.

### State Health Department After Patent Medicine Fakery.

Declaring there is more fraud in the patent medicine business than in any other line of industry with which it comes in contact, the State Department of Health announced the inauguration of a crusade against patent medicine fakery who prey upon the public by selling worthless nostrums at fabulous prices. The fight is being made under an amendment to the food and drug act passed last winter prohibiting the making of a false statement on a package or label of any article of drug or food. The prohibition includes the making of false or fraudulent statements concerning the curative or therapeutic effects of drugs contained in any preparation.

### State Takes Charge of Borough Health Administration.

Commissioner of Health Dixon, of Pennsylvania on November 23, took charge of the public health administration of 23 boroughs in that State. The action was taken because the local boards of health were inactive or not properly organized.

### United States Public Health Service.

The annual report of the Surgeon General of the United States Public Health Service records the largest amount of work performed in the history of that organization. Since the passage of the law of 1912 the public health functions of the service have materially broadened, thereby increasing greatly its usefulness to the American people. Throughout the report the economic importance of disease prevention is made apparent to the reader. (We will refer to this work of the P. H. S. later.—Editor.)

### PUBLIC HEALTH SERVICE DISCOVERS CAUSE AND CURE OF PELLAGRA.

#### Pellagra Caused By Insufficient Proteid Diet.

Announcement was made at the treasury department to-day that as a result of continued research and experiments of the Public Health Service, both the cause and the cure of pellagra have been discovered, and that the spread of this dread malady, which has been increasing in the United States at a terrific rate during the past few years, may now be checked and eventually eradicated. Assistant Secretary Newton, in charge of the Public Health Service, expressed great interest in the discovery and regards it as one of the most important achievements of medical science in recent years. Pellagra has been increasing alarmingly throughout the United States during the last eight years, and it is estimated that 75,000 cases of the disease will have occurred in the United States in 1915, and of this number at least 7,500 will have died before the end of the year. In many sections only tuber-



culosis and pneumonia exceed it as a cause of death.

The final epoch-making experiment of the Public Health Service was carried out at the farm of the Mississippi State Penitentiary about eight miles east of Jackson, Miss., and together with the previous work of the service completes the chain in the prevention and cure of the disease. The work at the Mississippi Farm has been in charge of Surgeon Joseph Goldberger and Assistant Surgeon G. A. Wheeler, of the United States Public Health Service. The farm consists of 3,200 acres in the center of which is the convict camp. The final experiment was undertaken for the purpose of testing the possibility of producing pellagra in healthy human white adult males by a restricted, one-sided, mainly carbohydrate (cereal) diet. Of eleven convicts who volunteered for this experiment, six developed a typical dermatitis and mild nervous gastro-intestinal symptoms.

Experts, including Dr. E. H. Galloway, the secretary of the Mississippi State Board of Health, Dr. Nolan Stewart, formerly superintendent of the Mississippi State Hospital for the Insane at Jackson; Dr. Marcus Hause, professor of dermatology, Medical College of the University of Tennessee, Memphis, Tenn., and Dr. Martin R. Engman, professor of dermatology in the Washington Medical School, St. Louis, Mo., declare that the disease which was produced was true pellagra.

Prior to the commencement of these experiments no history could be found of the occurrence of pellagra on the penitentiary farm. On this farm are 75 or 80 convicts. Governor Earl Brewer offered to pardon twelve of the convicts who would volunteer for the experiment. They were assured that they would receive proper care through the experiment, and treatment should it be necessary. The diet given was bountiful and more than sufficient to sustain life. It differed from that given the other convicts merely in the absence of meats, milk, eggs, beans, peas and similar proteid foods. In every other particular the convicts selected for the experiment were treated exactly as were the remaining convicts. They had the same routine work and discipline, the same periods of recreation and the same water to drink. Their quarters were better than those of the other convicts. The diet given them consisted of biscuits, fried mush, grits and brown gravy, syrup, corn bread, cabbage, sweet potatoes, rice, collards and coffee with sugar. All components of the dietary were of the best quality and were properly cooked. As a preliminary, and to determine if the convicts were afflicted with any other disease, they were kept under observation from February 4th to April 9th, two and one-half months, on which date the one-sided diet was begun.

Although the occurrence of nervous symptoms and gastro-intestinal disturbances was noted early, it was not until September 12th, or about five months after the beginning of the restricted diet, that the skin symptoms so characteristic of pellagra began to develop. These symptoms are considered as typical, every precaution being taken to make sure that they were not caused by any other disease. The convicts upon whom the experi-

ment was being made, as well as twenty other convicts who were selected as controls, were kept under continuous medical surveillance. No cases of pellagra developed in camp excepting among those men who were on the restricted diet. The experimenters have therefore drawn the conclusion that pellagra has been caused in at least six of the eleven volunteers as a result of the one-sided diet on which they subsisted.

On the basis of this discovery, the States of Mississippi, Louisiana and Florida have laid their propaganda through their respective boards of health for the eradication of the disease.

## DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY.

### Statement of October, 1915.

**Mortality Report for October**—Of the 3,005 deaths tabulated as occurring in New Jersey during October, 1915, 2,973 were residents, and 32 non-residents, which gives a resident death rate of 12.54 for the month. By age periods there were 566 deaths among children under one year, 214 deaths of children over one year and under five years, and 936 deaths of persons aged 60 years and over.

The accompanying gives the number of resident deaths from certain diseases occurring during the month, compared with the average for the previous twelve months, the average in each case is given in parenthesis:

Typhoid fever, 20 (17); measles, 9 (13); scarlet fever, 4 (9); whooping cough, 24 (18); diphtheria, 51 (46); malarial fever, 2 (1); tuberculosis of lungs, 274 (315); tuberculosis of other organs, 29 (49); cancer, 190 (189); diseases of nervous system, 283 (285); diseases of circulatory system, 413 (485); diseases of respiratory system (pneumonia and tuberculosis excepted), 158 (200); pneumonia, 128 (239); infantile diarrhoea, 221 (185); diseases of digestive system (infantile diarrhoea excepted), 195 (192); Bright's disease, 281 (272); suicide, 32 (42); all other diseases or causes of death, 659 (683); total, 2,973 (3,240).

**Morbidity report for October**—2082 cases of communicable diseases were reported.

**Typhoid Fever**—235 cases. Monmouth County heads the list with 37 cases and Cape May is the only county reporting none.

**Diphtheria**—691 cases or 255 more than previous month. Cases were reported from every county except Ocean. The greatest numbers were Essex, 124, and Hudson, 192.

**Scarlet Fever**—247 cases. Cape May, Gloucester, Hunterdon, Sussex and Warren report none. The greatest numbers were Bergen, 46; Essex, 51; Hudson, 49, and Passaic, 39.

**Tuberculosis**—678 cases, 92 more than previous month, every county reporting cases; the greatest numbers were: Essex, 218; Hudson, 193; Mercer, 42; Passaic, 40; Camden, 36, and Union, 34.

**Laboratory of Hygiene**—The following specimens were examined for bacteriological diagnosis:

From suspected cases of: Diphtheria, 3,029; tuberculosis, 475; typhoid fever, 260; malaria, 29; miscellaneous specimens, 159; total, 3,952.

### NEW AND NON-OFFICIAL REMEDIES.

Accepted by the A. M. A. Council of Pharmacy and Chemistry:

Merck & Co.: Bismuth tribomphenate; Butyl-chloral hydrate; ethyl bromide; homotropine; hydrochloride; sodium cacodylate; formic acid; agar agar powder; agar agar shreds; berberine hydrochloride; fluorescein; mercury cyanide; mercury and potassium iodide.

The Bayer Company: Iodothyrene tablets; thyresol pearls; theocin-sodium acetate tablets.

H. K. Mulford Co.: Ampuls emetine hydrochloride,  $\frac{1}{2}$ ,  $\frac{1}{3}$  and  $\frac{2}{3}$  grs.; ampuls sodium cacodylate  $1\frac{1}{2}$  and 3 grs.; ampuls quinine and urea hydrochloride; ampuls mercury succinimide.

Powers-Weightman-Rosengarten Co.: Calcium peroxide; magnesium peroxide; sodium peroxide; strontium peroxide; zinc peroxide; sodium perborate.

Swan-Meyers Co., Indianapolis: Swan's typhoid bacterin No. 44—prophylactic.

### Food for Thought.

Our patience will achieve more than our force.—Burke.

Greatness and goodness are not means but ends.—Coleridge.

Be not weary in well doing. Automobiles do their best work when thoroughly tired.

Failure after long perseverance is much grander than never to have had a striving grand enough to be called a failure.—Geo. Eliot.

Saying the right thing at the right time isn't in it with keeping still at the right time.

If thou thinkest twice before thou speakest once, thou wilt speak twice the better for it.—William Penn.

So act that your principle of action would bear to be made a law for the whole world.—Kant.

Men give me credit for genius. All the genius I have lies just in this: When I have a subject in hand I study it profoundly. Day and night it is before me. I explore it in all its bearings. My mind becomes pervaded with it. Then the effort which I make the people are pleased to call the fruit of genius. It is the fruit of labor and thought.—Alexander Hamilton.

If a man does not provide for his children, if he does not provide for all those dependent upon him, and if he has not that vision of conditions, and that care for the days that have not yet dawned, which we sum up in the whole idea of thrift and saving, then he has not opened his eyes to any adequate conception of human life. We are in this world to provide not for ourselves, but for others, and that is the basis of economy.—Woodrow Wilson.

### Facetious Items.

Gladys—Jack really has a soft spot in his heart for me.

Muriel—How do you know?

Gladys—He says he is always thinking of me.

Muriel—Why, a man doesn't think with his heart. The soft spot must be in his head.

—Judge.

**Waiting for an Opinion.** — "Now Rastus," roared the major, "what is the use? Don't you know that I know you are lying?"

"Yassuh," replied Rastus, "but ye see, Marse Henry, I kind o' thought I'd like to hab yo' opinion on de subject befo' I decided dat I was lyin' fo' sho' mahself. Now dat yo' says I is, Marse Henry, I jest reg'larly knows I is, suh."—Harper's Weekly.

**A Good Excuse.** — "Mrs. O'Rooney," said Father McMurphy, "why do I never see Patrick at church now?"

Mrs. O' Rooney shook her head sadly.

"Is it socialism?"

"Warse than thot, your riverence."

"Is it atheism?"

"Warse, your riverence."

"What is it, then?"

"Rheumatism."—Exchange.

A man passing his neighbor's house where they were placing a new roof, asked why he didn't send the old tin roof to the Ford automobile company. "They buy that stuff and pay you a good price for it," said his friend. The owner shipped it to the company and received a communication from them saying that they didn't know what he had hit with his machine, but they would fix it up good as new for \$20.—Exchange.

"Your digestive apparatus is all out of kilter," said the doctor after examining his patient. "The best advice I can give you is to discharge your cook and get a new one."

"It can't be done, Doc," answered the patient sadly. "I'm married to her."—Pittsburgh Dispatch.

**Prerequisite.** — "Are you unmarried?" inquired the census man.

"Oh, dear, no," said the little lady, blushing; "I've never been married."—Ladies' Home Journal.

First Doctor: Good photograph, isn't it?

Second Doctor: Fairly good. Flatters the left lung a little, I think.—Puck.

**FORD CAR OWNERS**—Costs doctors nothing, by our plan, to own a Hammond Starter for starting your Car from the seat. Don't get out in the mud. Can also make your Ford as easy riding as a Packard or Pierce-Arrow. **IRVING K. BETZ, Hammond, Indiana.**



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## ORATION IN MEDICINE.\*

STEWART PATON, M. D.

Lecturer in Neurobiology, Princeton University; Member of the National Committee for Mental Hygiene.

Mr. President, Members of the State Society, Ladies and Gentlemen:

In the United States there are approximately 183,000 students in colleges and universities and 187,000 patients in our hospitals for the insane. Dr. Thomas W. Salmon has called our attention to the fact that during the time occupied by building the Panama Canal we have spent \$150,000,000 more in maintaining these patients in institutions than has been expended in completing the great undertaking on the Isthmus. Think for a moment of the biological significance of the problem suggested to our minds by these statistics. In the first place there can be no doubt that we are facing a crisis in civilization. Thoughtful persons will ask whether these figures indicate progress or decadence. Without attempting to give a categorical reply I wish to suggest to your consideration the possible relationship that seems to exist between the startling incidence of nervous and mental disorders and the present war. Are not these phenomena to be attributed to a common cause, namely, man's ignorance of himself? In both cases we have to consider the activities of living beings and the failure to direct vital processes rationally. On the one side we have the individual's failure to adjust life successfully marked by nervous or mental breakdown, and the corresponding failure of the nation is marked by war.

It is a curious fact that in the study of man we have proceeded with less intelligence than is shown in the attempt to familiarize ourselves with the activities of the lower animals. When we desire to know something about dogs or cats we first observe the actions of individuals of the species and then study their relations to each other, and in this way form deductions which are of value as generalizations. The views generally entertained in regard to the nature and genesis of human activities are the products of quite a different point of view. For centuries philosophers and poets have discussed the activities of an imaginary race of human beings and until a tragedy of the magnitude of the present war brought us to our senses we were ready to believe that the thoughts and deeds described for us by idealists were those of the present race of human beings which inhabits the earth. Pinel, a distinguished French alienist, was one of the first persons to affirm that practically little was known in regard to human activities. In his remarkable book published in 1798 he says that his chief interest in the study of the abnormal mind was to gather information which might be useful in interpreting the conduct of normal persons.

When we look at the great problems of life from the point of view suggested by Pinel, our work is simplified as we see many questions which at first sight seemed to be unrelated as different phases of one great subject. The problems of the criminal, of the insane, of disease, are only aspects of the great question relating to the adaptation of the individual to the environment in which he lives. If we are to be successful in attacking any of these problems it is essential that we should familiarize ourselves at once with the methods which have proved to be successful in

\*Delivered at the 149th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 22, 1915.

studying human beings. In the first place, we must know something about the relations of the different organs to each other and then we must enter a field of research which unfortunately is not a familiar one to many physicians, namely, the investigation of the biological reactions of the individual as expressed in thought, word and conduct.

The co-ordination of the activities of different organs is brought about by the nervous system and the higher conscious processes are the functional expression of that part of the brain which is called the cerebral cortex. The human cortex contains 9,000,000,000 more nerve cells than does the same outside layer in our simian ancestors and this greater complexity of structure has undoubtedly raised man from being only a little higher than the brute to being only a little lower than the angels.

It is of vital importance for the race that we should extend our information of the brain and nervous system as rapidly as possible in order that our educational system should be reformed along rational lines. Think of the absurdity of subjecting men and women to any system of education which does not take into account their structural as well as psychological differences. Although the brain and nervous system does not show any marked differences in the two sexes, the organs which modify the functions of the mechanism of adjustment are essentially different. It has been shown, for example, by experiment that when an ovary is transplanted under the skin of a castrated male rat the animal is feminized. The sex variations occurring in such glands as the thymus, thyroid, and probably the adrenals are also factors of great importance in determining the direction of the stream of activities. You do not need to be reminded of the close connection that exists between the adrenals and the mechanism regulating the blood supply. Professor Cannon, of Harvard, and his pupils have shown by experiment how important these organs are in regulating the emotional reactions. Taking all these facts into consideration in estimating individual differences of temperament and character, it is very important that we should not only compare the brains and nervous systems but also the various organs which may modify the stream of mental activities.

In many cases the study of the personality is based upon empiricism as so little

is known in regard to the physiological actions of many of the internal organs or of their relation to the central nervous system that no deductions can be drawn which will indicate the existence of causal relationships.

The personality represents a synthesis of all the activities and we know from experience that the integration may be easily disturbed. The conscious processes representing merely the apex of the pyramid of our activities are influenced by subconscious impressions and trends. The memory of an unpleasant event which we succeed in repressing may disorganize the personality by seeking expression in channels which are not usually devoted to this function. The shut-in type of individual is an excellent illustration of the form of conflicts which is often precipitated when the harmony of the personality is destroyed. The constant repression may lead to the accumulation of impulses of sufficient strength to shatter all the defenses thrown up by the person in the attempt to protect him—or herself—from the realities of actual life. The practical lesson which we should learn from the study of "shut-in characters" is the desirability of training children to face the problems of life fairly and squarely and not permitting them to acquire the habit of living in a fictitious world until they are brought to earth by some disaster. Unfortunately in this country we are suffering from a neurosis, one of the symptoms of which is in an absurd idealism and fear of becoming too practical. As a matter of fact we are a very unpractical nation and we need to learn how to do things. A well-rounded personality shows a close union of the ability to act as well as to express ideals. Who knows but that Sir Isaac Newton's practical interest in farming may not have been partially responsible for the mental mechanisms which led to the formulation of the laws of gravitation. It is not improbable that Michel Angelo's extraordinarily developed artistic sense was closely related to the manual dexterity which enabled him to construct the scaffolding upon which he worked in placing the frescoes on the ceiling of the Sistine Chapel. One prolific source of the nervous breakdowns which are so common in American life is the separation of the ideal and the practical. One of our duties as physicians is to assist the individual to find the level at which he or she may work and still preserve the harmonious develop-



ment of the personality. If the level at which a person attempts to adjust life is too high there is a splitting-up of the personality. Undercurrents come to the surface, artificial lines of defense are thrown up and a new and distorted personality is the result. Consider for a moment how much more important it is to train the emotions than to attempt to direct the intellectual activities; as the latter will take care of themselves. Bias, prejudice, hatred, and all the host of lower impulses which often drive men to war are the result of repressed instincts and improperly trained and inco-ordinated emotional reactions. Is it not an inspiring thought to realize that the regeneration of society and the re-education of the public represents a new field of effort in which physicians are destined to play prominent roles?

#### PROLAPSUS UTERI.\*

AUGUST ADRAIN STRASSER, M. D., F.A.C.S.  
Arlington, N. J.

In investigating the causes, nature and cure of this female complaint, it becomes necessary to rehearse a well-worn theme and even at the risk of tiring you, review the salient features of the anatomy of the female pelvis. Let me call to your attention the direction of the planes of both the bony sides and the ligaments; always downward and forward. Now place inside as the soft parts the broad sheets of muscle, the obturator and levator; with their fascial coverings; delimit the pelvic floor by the transverse layers of fascia and lighter, but equally essential, transverse muscles at the outlet and you can see a construction of the anatomy, most admirable for the purpose, in the nullipara and equally so in the multipara, who is fortunate enough to escape without too great distension or laceration of any or all of her soft parts. This, however, is not all that we must consider. The element of intra-abdominal pressure serves to complicate the problem; and in this is materially aided by the shape, mobility, size and position of the organs contained in the pelvis and held in place by the soft parts.

Let us then first in more detail, investigate the normal uterine position so as to lay a foundation for the discussion of the abnormal. There is no doubt that the pelvic muscles, the pelvic floor, and the vaginal walls, with their relation to the uterus, are

valuable adjuncts in maintaining the normal uterine ante-flexio-version. However, careful investigation shows that surrounding the upper part of cervix and emanating from thence to the side walls of the pelvis to the sacrum and pubis, rather strong bundles of fascia, some with appreciable muscle bundles, forming the utero-sacral, the utero-pubo-vesical ligaments, exist, these to a certain extent limiting motion of the uterus as a whole in an upward, downward and sidewise direction. Bearing directly on our subject also is the intimate relation between the bladder and anterior uterine wall. This is maintained by a loose connective tissue and, as Schultze says, while anatomists generally lay stress on the fact that this is a loose connective tissue, still in fact, the intimacy of the adhesion under varying conditions, the full bladder, the pregnant uterus, and bladder's relative position in tumors of the uterus are important data in the discussion of the position of the uterus. The broad ligaments while naturally very distensible, still invite consideration in this discussion, especially where the muscle bundles known as the round ligaments and utero-sacral ligaments are concerned. It is by their presence that the uterus maintains its fundal position. In the erect female, both sets of muscles are practically suspensory ligaments; the utero-sacral especially so.

In addition to these measures the uterine position is influenced by a number of other factors. First, its weight, the pressure of the superimposed intestines, and then the relative fullness of bladder and rectum, all tending to modify its position. But all of these act and react on the unfettered portions of the uterus; it is the supravaginal portion of the uterus that is mainly fixed, the corpus and vaginal portion are relatively freely movable.

With the uterus we must consider the bladder and the rectum. The former lying on the trigonal fascia between the ischial rami and surrounded by the forward fibres of the pubo-vesico-uterine ligament maintains a fairly fixed base as Kelly has shown; and it is only the upper vaulted portion which distends and collapses as Kelly showed like "one saucer into another." All these facts we will demonstrate later in relation to our prolapsed uterus. The rectum too, is brought into play as a causative agent; but in *its* case the disturbances in the pelvic floor produce the anatomic difficulties and thus implicate the uterus in its trouble.

\*Read at a meeting of the Hudson County Medical Society, held October 5, 1915.

It may be wise at this point to look at the pelvic floor as a possible source of trouble. It has well been pointed out that the pelvic floor is divided into an anterior movable part, the urogenital or pubic part; and the posterior fixed or sacral part. Injuries to both or either part influence the occurrence of genital descensus; and we will discuss them in greater detail now. It is easily discernible how rupture or distention of the trigonal ligament may allow the bladder to sag and so alter the axial relationship that the uterine cervix and the uterus finally follow the same course, especially when the organ has become more or less attenuated by an approaching or de facto climacteric period. It is likewise demonstrable that laceration of the fibres of the levator ani surrounding the posterior vaginal wall, the junction of the lateral halves of the bulbocavernosus and the transversus perinei, so generally weakens the tonicity of the vaginal canal, that the uterine cervix has hard work to maintain its leverage and once changed, the intra-abdominal pressure does the rest and the uterine corpus must descend. Of course, from the same causation the rectal anterior wall sags forward and as a result the rectocele may not only be the precursor but also the concomitant of the uterine prolapse.

To review the anatomical causes of prolapsus then, we deal with the following facts: The anterior hiatus in the pelvic fascia to accommodate the movable organs such as the uterus and bladder; the peculiar construction of the pelvic floor; its fixed posterior and cleft anterior condition inviting descent of the organs, when relaxed or torn. We shall later refer to these points under the group of obstetrical causes of prolapsus uteri.

At this point we must examine the mechanical underlying the prolapse of the uterus. As Sturmdorf in a valuable article on the same subject remarks, "Studies of pelvic visceral support have been confined largely to the limits of structural detail, anatomy as such, however, has not fully explained the mechanism of support. It is a gross misconception of function to attribute visceral support to textural strength of ligament or muscle; the muscle of ligament is not created that can permanently withstand by its structural resistance, the continuous force of intra-abdominal pressure. These muscular and ligamentous elements serve to support the pelvic contents, not by virtue of their textural resistance

to displacement, but by deflecting the displacing force of extra-abdominal pressure and, paradoxical as it may seem, both the maintenance and disturbance of pelvic visceral equilibrium, are resultant from one and the same force, namely, intra-abdominal pressure under the influence of balanced and unbalanced reflection. The influence of pressure and deflection on fetal expulsion is a familiar phenomenon, while the same influence dominating visceral displacements is unrecognized.

Briefly stated, intra-abdominal pressure is the resultant of several components, the most potent of which are muscular contractions, gravity, intra-visceral and atmospheric pressure. Intra-abdominal pressure while constant, varies in intensity being augmented or diminished by the varying activity of its muscular component; its direction is influenced by certain planes, some of which are fixed and permanent while others are mobile. In the pelvis the fixed planes may for convenience of illustration be designated as the expulsive planes inasmuch as they tend to deflect the direction of pressure, into line with the axis of the pelvic outlet; any viscus brought under the influence of these expulsive planes must eventually prolapse. In the same sense, the mobile planes are retentive planes, in so far as they deflect pressure in a direction to preserve visceral equilibrium. An intra-pelvic and an extra-pelvic deflecting mechanism, exercising harmonious and reciprocally balancing influence, maintain the topographic stability of the pelvic contents. The intra-pelvic mechanism is represented by the uterus with its ligamentous extensions; the extra-pelvic deflector comprising the muscular and fascial elements of the pelvic floor." I must continue the quoting of Sturmdorf a little further as his has been the clearest explanation of the mechanics involved in holding the uterus in its normal position. "Under ordinary conditions, the direction of intra-abdominal pressure within the pelvis is such as to fall upon the posterior surface of the uterus and broad ligaments; in deflecting the direction of this pressure to preserve its equilibrium, the normally anteverted uterus may be compared to a lever of unequal arms poised over a fulcrum formed by the intra-vaginal perineal crest; the longer anterior arm of the uterine lever resting upon subjacent structures, is movable upwards, extreme movement in this direction being limited by the round ligaments, which tend



to prevent tilting of the uterus into the axes of the expulsive planes; the shorter posterior arm of the uterine lever is free, being represented by the cervix projecting into the cul de sac of the posterior vaginal fornix. By this adjustment, intra-abdominal pressure will first tend to lower the level of the uterine plane as a whole, until its anterior pole is arrested by the resistance of the subjacent bladder and posterior pubic surface; the pressure augmented, the posterior free pole, represented by the cervix, continues to descend, and forcing the lever upon its fulcrum tilts the anterior arm upward.

Were the pressure to continue without deflection, this upward tilt of the anterior arm must continue and extending beyond the perpendicular, would retrovert the uterus and force its long axis into line with that of the vaginal outlet; in other words, ante-version would be converted into retroversion, which exposes the anterior instead of the posterior uterine surface to the force of intra-abdominal pressure; this misdirected pressure will gradually lower the plane of the retroverted uterus, until its axis coincides with those of the expulsive planes and prolapse must ensue; but, under otherwise normal conditions, deflection takes place, and prolapse is averted by the integrity of the perineal musculature.

The stimulus that excites the muscular component of intra-abdominal pressure into activity, induces a simultaneous contraction in the perineal musculature. The elements of this musculature are so arranged, that their contraction elevates the perineal plane; this elevation carries the perineal fulcrum to the uterine lever, raises the depressed posterior arm of it to a level of its anterior arm; thus restoring ante-version; at the same time, this elevation of the perineal plane narrows the essential retro-vaginal angle, preserves the potentiality of the vagina by converting its actual canal into a valvular slit and practically closes the pelvic cavity.

Such are the functions of the perineum and such the measure of its importance as a visceral support; it follows that the gravity of the perineal lacerations is proportionate to the resulting impairment of its muscular function; such impairment induces a tendency to prolapse, not because any direct support of the viscera is severed, but because the equilibrium of intra-pelvic pressure is disturbed and its expulsive force is undeflected.

Having thus explained the mechanism involved in maintaining uterine position in the normal, a glance at the abnormal will reward us with an explanation also of the causation of prolapsus. It is easily shown then, that, given the laxity of the uterine ligaments, chiefly the utero-sacral, secondly the round ligaments by causations arising from the puerperium as I will show later; given an existing retro-displacement of the fundus uteri, such as we will treat of under the head of gynecological causes, the intra-abdominal pressure will play havoc with the normal deflectors and the inevitable descent is started. As a *sine qua non* in these conditions, in both the acute and chronic prolapsus, Schultze demands the presence of moderate or over-distension of the bladder, thus driving the uterine fundus in direct line of axis of the vaginal introitus, to which must be added the same amount of pressure on the bladder driving it down into a cystocele and on the rectum causing dropping of its anterior wall, although as I shall show later both of these latter need further elements to produce this result; in the case of the bladder the relaxation or destruction of the trigonal plane, in the case of the rectum laceration or retraction of the fibres of the levator ani and the other structures of the perineum. I need but to refer briefly to the mechanical causes arising from the deficiency of the pelvic floor. It is well known that even a gaping multiparous vagina does not necessarily predicate later prolapse, but when the relaxation is present, it is not difficult to bring into play the descent of the vaginal mucosa, following a cystocele or rectocele. So also changes of the relationship between neighboring organs may act as etiological agents. Thus, even with normal position and stability, dragging of a prolapsed bladder on the supra-vaginal portion of the cervix and its adjacent vaginal wall may produce those anomalous cervical hypertrophies that in time, because of leverage, force the fundus into the vaginal axis and then produce the prolapse of the total organ. After all these theoretic considerations a discussion of the practical points might be acceptable; these in contra-distinction to the former ones, which I like to look upon as physiological, I will call the pathological causes, and subdivide into the gynecological and obstetrical causes.

Among the gynecological causes, are the presence of intra-abdominal or uterine tumors (Emmet<sup>1</sup>); sudden falls from high

places; lifting enormous weights or persistent vomiting (Schultze); the tenesmus attending dysentery (Hewitt), and those causes that merge into the obstetrical, detailed below, whose after-effects are purely gynecological, the cystocele, rectocele, colpocele, lacerated perineum, redundant vagina, hypertrophy of cervix, retro-flexions and retro-versions of the uterus. These are all usually consequences of the parturient state, and a glance at these in detail may serve our purpose well.

At the time of labor, before its completion, two things may help to superinduce later difficulty. The unskillful use of the obstetrical forceps where the head is extracted in the wrong axis of the vagina, or even the skillful use of it in the elderly primipara, with narrow pubic rami, may cause if not laceration at least enormous relaxation of the trigonal tissues; at times even faulty conduct of normal labor may roll out and over-distend the tissues of the vestibulum and if anything serves to hinder involution, the cystocele is bound to be produced. It is strange at times to see the amount of retraction of the levator fibres when the parturient returns for inspection six weeks after labor.

Postpartum and in the puerperium, the too accurate maintenance of dorsal decubitus, the over-distention of the bladder, the tight bandage with the folded towel added perhaps (this further forcing the fundus back), the sub-involutions superinduced by the cervical lacerations and possible infections; the destruction of the muscles of the uterosacral ligaments from the same causes, as a rule, need only be mentioned to show the etiology of the retro-displacements of the fundus uteri and, given the ante-partum causes detailed above, what further moment does one need for the production of the condition termed prolapsus uteri.

While this paper primarily deals with the mechanism and etiology of uterine prolapse, a few words on its treatment will relieve this otherwise abstruse subject.

In the history of gynecology this form of patchwork to restore natural conditions is almost the largest field of all, for being a consequence to obstetrics, while a certain percentage of women develop tumors and other lesions demanding gynecological attention, a large proportion of women (formerly almost all not attended by gynecologists), at some time of their life show the effects of their obstetrical experiences.

Naturally depending on the point of approach and point of view, the cure of this morbid condition was manifold. Early, of course, the inter-relation of perineal laceration and prolapsus uteri came under observation, and the various forms of vaginal narrowing of Sims, Thomas, Emmet, Sanger, Tait and others with more or less accurate up-building of the perineum were the result; with undoubted benefit in many cases. Later, when these steps were not sufficient to hold the prolapse, Edebohls and later Kustner and Kelly, insisted on the advantages of uterine suspension. This, however, proved itself not to be the ideal method after all; in spite of added colporrhaphies anterior and posterior, to which the names of Stoltz, Hagar, Sims and many others were given. Then acting on the reasoning in Sturmdorf's article, Goffe extirpated the uterus and re-established the peritoneal planes without it and seemingly reported good results. Finally was evolved the Duehrssen and Watkins-Wertheim-Schauta operation, the uterine interposition between bladder base and anterior vaginal wall, and this with many to-day is the operation of choice and when rightly done is really the most physiologic repair; in that the uterus replaces the destroyed trigonal ligament; the uterine position is placed so that intra-abdominal leverage is deflected in the right way. A perfect perineal repair, without which this operation fails of its purpose, supplies the proper pelvic floor support. If the cervix is not enormously hypertrophied its amputation is a mistake; for retaining the cervix gives the proper leverage on the end of the uterus and reduces the possibility of the cystocele recurring. Martin of Chicago goes a step farther and through the vaginal opening shortens the utero-sacral ligaments. With this I have had no experience and so far results from the Watkins has been all that could be expected and in my hands has proven itself valuable in a large number of cases. In one, however, the choice was not well made; the woman being beyond the fifties, the uterus much atrophied and the cystocele marked; while the result was very good, the patient still complained of the sensation of the cystocele recurring. It is to this class of cases that the recent article by C. H. Mayo referred and for which he advises what seems a modification of the Goffe operation. It involves the extirpation of the uterus and the coaptation of the two wings of the broad ligament by a



single mattress suture, extending forward to the pubic bone, so as to obliterate any hiatus that might invite a future cystocele. So far I have no experience with it, but in cases of that age and in that condition theoretically it fulfils the dicta of Sturmdorf's physiological explanation of the inter-relation of intra-abdominal pressure and uterine prolapse. But here again Mayo's final injunction carries in it the suggestion that "perineal restoration is of course included in all operations for prolapse."

#### Abstract of Discussion.

**Dr. Frank D. Gray** thought it would be difficult to add much to the valuable resume' on the subject of prolapsus uteri as presented by Dr. Strasser. A great deal depends on the individual operator as to what results are secured, no matter by what method, e.g. Hirst for past fifteen years has treated these cases by plastic operations on anterior and posterior walls, without recurrence. He does not claim to have kept track of all his cases, but in his clinic, he invites any one to report a relapse. The method of Murphy is somewhat spectacular; by this method the uterus is marsupialized; the organ is delivered through a median incision, the cavity gouged or curetted out, then the uterus is split and each half laid down in the abdominal muscles, and stitched there-to; and yet Murphy and Mayo qualify by saying it will not often be necessary to do an operation on anterior wall for cystocele.

**Dr. G. K. Dickinson** mentioned that he had written two papers on this topic. He believed Dr. Strasser had shown more of the mechanics on this subject than one would find without considerable research. The popularity of the theme was shown by the fact that every gynecologist reads a paper on retroversion, etc. He had done all kinds of operations, even the more recent one of Martin, which, so far, has given him the least trouble. The Murphy marsupialization was often followed by haematoma. He had done the Wertheim-Watkins operation. He had tried the Dührssen, etc. In all these methods he had a percentage of failures. Not every man was a Hirst. Martin's operation he believed very commendable, and the shortening of utero-sacral ligaments very satisfactory, particularly in child-bearing women. In women past the child-bearing period, the interposition of uterus between the bladder and vaginal wall was attended by good results. Not long ago he had operated on an "antique" and the prolapse reappeared as bad as before. Then he tried the old La Fore's method. In old prolapsus, the vaginal tissues having been exposed, get much like the toe nail, and can be operated without general anesthesia. He took out a ribbon anteriorly and posteriorly, and approximated the denuded areas, thus forming a vaginal partition, but even this did not hold.

**Dr. Joseph M. Rector** thanked Dr. Strasser for his explanation of the mechanics, but he felt that when there were so many reasons, that probably not many of them were satisfactory. He had hoped that Dr. Strasser would recite his personal experiences and con-

clusions, based on the multiple operations he had done in his end of the county. He believed that some of our failures were due to treating prolapsus uteri and not the individual—the condition of the body—the malposition of organs, and all other forces which help to bring about prolapsus uteri, besides those which come from injury to the introitus. He had better success than the previous speakers. There were one or two operations which would relieve all these cases, these procedures being divided into below and above the bone, due consideration being given to all other conditions. Going above the bone, one could take care of the round and broad ligaments, etc. Then below, the cervix, anterior and posterior walls could be attended to. We should not forget that there are India rubber women, where almost any operation will fail, as all the tissues stretch. Prolapse of the first, second and third degree are mentioned. He was convinced that if a woman was going to bear children, the results of any operation would be only temporary until the next confinement. He advocated letting a woman get through her productive period, and then do a radical operation, and he felt that nearly all such cases could be cured.

**Dr. W. F. Faison** was glad to hear Dr. Dickinson state that he did not cure all prolapses. He was often sorry that they did not go to some other doctor. He recalled that we can get cystocele or rectocele without prolapse. In a patient past the change of life, he believed in a small incision over the symphysis, a la Kocher—cutoff tubes and ovaries, and sew peritoneum around uterus—then take care of the cystocele and rectocele by undermining the recto-vaginal septum, making wide dissection, and using horse shoe stitches, which pull up and are a great help.

**Dr. M. A. Swiney**, of Bayonne, was more optimistic than the previous discussors, and stated that in a small number of cases he had better luck. He advocated operation before the prolapse becomes complete, and believed that this neglect lost the benefits of the mechanics of which Dr. Strasser spoke. The speaker (Dr. Swiney), had splendid results with his cystocele cases. If the patient has a complete prolapse, he advocated doing an extensive operation, such as, high amputation, repair, and shortening of anterior and posterior vaginal wall, drawing the tissue well up, thorough repair of perineum. Many old women made very comfortable by use of cup pessary. Many of them have enlarged cervixes, and with their general condition, the result of any operation would be dubious. He has twenty-five cases wearing cup pessaries, some of them three inches in diameter.

**Dr. O. R. Blanchard**, of Jersey City, was refreshed to hear Dr. Swiney state that all these cases could be made comfortable or cured. Some twenty-five years ago (when with Dr. Bozeman), he had "cured" a young woman of prolapse. She lives in the country, and he feared every time he saw her in town, that she was about to repeat the "fall again." Some three years ago a woman in Bayonne upon whom he had operated for prolapse, asked him, "Doctor, what did you operate on me for?" and his reply was "I'll be d—d if I

know," of course, smiling as he made the statement. He had tried many operations, hysterectomy, etc., included. He believed Goff's method to be the best. Many things had to be taken into consideration. He believed a cure difficult if an elongated cervix were left behind, as it had a tendency to worm its way out. He mentioned one case where shortening the rectum had brought down a prolapse. In child-bearing period he advocated putting the bladder high up, fixing the cervix and repair the perineum.

**Dr. Louis Franklin** felt that the cure of prolapse was a fitting of the proper shoe on the proper foot. Some cases can be cured by the old Alexander method (which he had seen Dr. Dickinson do many years ago) with repair of bladder and perineum. In some cases a Wertheim-Watkins met the indications. In other women a hysterectomy with fixation of stump into the sheathes of the recti muscles was the operation of election. By the selection of different methods, some were cured, many relieved, and some failed.

**Dr. E. T. Steadman**, Hoboken, made a plea for better obstetrics, as he felt that so much gynecological surgery was necessitated by poor care of the parturient woman. He cited the fact that many obstetrical cases are sent to the hospital without recognition of the exact conditions, and often the delay precluded the application of proper remedies, such as Caesarian section, etc., etc. He advocated the immediate repair of lacerations, and believed that this would make for fewer prolapses, and failures on the part of the surgeon.

**Dr. Strasser** in closing the discussion, said that he did not claim to have cured all types of prolapse. He was interested in the remarks of Drs. Gray and Dickinson, and thought that some of the latter's failures were due to the fact that he was a general surgeon rather than a gynecologist. He would like to call Dr. Recor's attention to the fact that the paper was based on physiology, and this does not change. We have certain evidences, which are demonstrable in physics, and we have simply to try and repair and alter deflections in order to restore altered conditions. In all operations of whatever nature for prolapse in a woman who is near the climacteric, the necessity for sterilization is apparent, not by removal of organs, but by resection of tube at or near the cornuae, to prevent child-bearing, and consequent dystocia. The young woman who has developed a prolapse, can have a suspension operation done, such as a Gilliam, a Baldy-Webster, with, if necessary, a perineorrhaphy. With any of these she can go on with child-bearing. In over eighteen hundred cases of Gilliam suspension, many pregnancies ensued, and without trouble. So there is no reason why the young woman should not get the benefit of some type of operation proven to be safe. No one claims cure for all cases. The study of the individual case, and the application thereto of the best type of operation, is all important, and the various devices mentioned are all eminently successful when properly selected. Some cases who have no return of the prolapse, complain of discomfort, but, as a rule, with the lapse of time, this wears away.

William Freile, M. D., F. A. C. S.,  
Reporter.

## SIGNIFICANCE OF URINARY FINDINGS.\*

EMANUEL KLEIN, M. D.

Bayonne, N. J.

This paper does not attempt to cover all of the findings, but the more important ones only. To begin with more always can be learned from a mixed specimen or a 24-hour specimen than a casual one. The knowledge obtained from such a specimen is of far more value than casual specimens give us.

Specific gravity of urine gives us approximately an idea of the total amount of solids. Diabetic urines and highly concentrated urines, such as we find in the acute febrile conditions and some chronic renal lesions, give us a high gravity. The reaction of urine depends, of course, upon the food ingested, animal foods showing acidity and the vegetable foods tending towards alkalinity.

Of the transparency of urine little is to be said excepting when it varies greatly from previous specimens. A cloudy urine may indicate pus, phosphates, urates, etc., when we come to albumen we come to a highly important body, the presence or absence of which is frequently unexplainable. Yes, there are all sorts of theories, but their acceptance is far from universal.

When we speak of albuminuria we refer to albumen excreted by the kidneys. It is necessary, therefore, that we know whether or not the albumen found in the ordinary heat and acid or stratification tests actually comes from one or both kidneys. Blood or pus entering the urinary stream below the kidneys will show even in filtered specimens just as violent a reaction to albumen as we find in a number of forms of nephritis. The cause is easily explainable in so much that serum albumin is a constituent of the medium in which these hemocytologic elements are suspended. Of course it is necessary to carry out further examination, not alone microscopically, but cystoscopically as well.

What, if such conditions as I have mentioned can be ruled out, is the significance of *albuminuria* Bright's disease? Yes, oftentimes, but just as often not. We may see albumen following cold baths, violent exertion, the ingestion of large quantities of food, particularly proteid. We see it in the acute febrile diseases, in the prolonged

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febrile conditions, chronic cachetic diseases and a few other conditions. We have names for these various types of albuminuria, such as febrile, digestive cyclic, intermittent, etc.

It seems the necessary pathologic factor to cause albuminuria is renal congestion, whether it be an active hyperemia, such as we see in the acute nephritides or the passive, such as we see in a failing cardiac compensation. In order to relieve itself of its increased burden the kidney takes to oozing to a greater or less extent between the interstices serum. In other words a slowing of the renal circulation, with necessarily increased renal pressure, results in albuminuria. Whatever albumen is derived from the parenchyma is of course contributory, but is negligible, compared to the amounts excreted by the functioning portions. It is possible that osmosis is a factor of as much importance as pressure alone. However it is my opinion that albumen is the result of physical, not a selective action.

There are exceptional forms of albuminuria, such as the Bence-Jones type, but here we are not dealing with a true albumen. It is a protease and of needs is produced somewhere in the body and excreted via the kidneys similar to other normal bodies. I was fortunate to see a case of this sort in the laboratory. Bence-Jones is generally indicative of one of three conditions: leukemias, syphilitic nephritis usually amyloid degeneration or multiple myeloma. In the case I mention the physician, in conjunction with myself, ruled out syphilis by a Wassermann negative reaction as well as a negative history, ruled out leukemias by the absence of the typical blood picture, and in conjunction with clinical symptoms made a diagnosis of myelomatous degeneration. An autopsy with subsequent tissue sections verified our diagnosis.

Glycosuria is not indicative of diabetes unless there is a persistence of the glucose in the urine. When I speak here of glycosuria I do not mean a substance reducing Fehling's solution alone. The phenylhydrazin and fermentation tests must accompany to prove the presence of true glucose. Large quantities of hippuric acid, uric acid creation, also drugs such as arsenic, phenel and urotropin may give a partial reduction so simulating a true one that it is impossible to depend on a reducing test alone.

Diacetic acid and acetone are well

brought in at this point since they are frequent companions of glycosuria. They are both indicative of severe katabolism of body proteid, and most men to-day substitute the food generally prohibited, namely carbohydrates, at this point Beta-oxybutyric acid is generally found in the terminal stages of diabetes and indicate a hopeless acid intoxication.

Indicanuria is looked upon as of no special significance by some and of great significance by others. It is the elimination of indoxyl-sulphates and these are the result of putrefaction, generally in the intestine. Diseases like empyema, putrid bronchitis may show indicanuria. In its absence, or the ruling out of such condition, its value as an aid to diagnosing gastro-intestinal conditions is not to be doubted. Where there is interference with the gastric secretion, indicanuria is generally present. Simon in his book says that a simple case of constipation will not show indican and if the symptoms point to a gastro-intestinal condition that it will be safe to assume the disease to be elsewhere, particularly in the stomach.

The most important end product of nitrogenous metabolism is urea. Normally an adult on a full regular diet secretes from 30 to 35 grams daily. 85 to 86 per cent. of N is excreted as urea. Diseases of the liver show in such cases a reduced output, while febrile conditions, leukemias, purpura, hystero-epilepsy and chorea show in such cases a marked increase. It is a substance that bears watching in pregnancy. If uric acid is secreted in increased quantities it is indicative of what is termed a uric acid diathesis. Its reference to gout and kindred diseases is known to the extent of its presence in the urine. Here it generally appears highest, following the acute symptoms and at or close to the normal range between attacks.

If great interest and thus far not satisfactorily demonstrated is the determination of the source of the various types of epithelium seen on microscopical examination of the urine. One man claims he can definitely determine the source of types by using a leucocyte as a standard by which to name the source. I had the good fortune to hear one of his pupils name an epithelial as prostatic and then, to his horror, he learned it was the urine of a female. My personal opinion here is that a different stain or a chemical test will eventually be the method of determination.

Hematuria, hemoglobinuria and pyuria

are so much the subject of the cystoscopist that I will leave it to that specialist to enumerate and discuss the various causes as well as the source. Suffice to say that of late my attention has been called to the ease with which errors in diagnosis are made because the source of the pathologic element had not been well determined.

Of bacteria in urine, the colon and tubercle bacillus are the ones we meet with most frequently. Examining urine microscopically in the ordinary way bacteria mean nothing unless the specimen is perfectly fresh and in a clean receptacle.

The significance of casts brings us back to the significance of albumen. Just like albumen many times their presence or absence is frequently unexplainable.

I have myself seen casts in large numbers where there were no clinical symptoms to account for their presence as well as the presence or the absence of albumen. There is no relation between the amount of albumen and the number of casts. To me it seems that we know less of casts than of albumen. But these facts prove that pathology is not an independent science. Clinical symptoms are of as much, if not more, importance than the urinary findings.

The origin of casts if it could be definitely determined would greatly aid us in the meaning of their presence; of this Adami has to say "to be honest we do not know how the hyaline cast is formed," and the hyaline cast is the groundwork of all types. Simon pays little attention to hyaline and granular cast.

It would, therefore, seem that casts without clinical symptoms have at the present time no known clinical significance. Theories as to their formation are a fusion of epithelial cells, secretion by the epithelial cells of a hyaline substance which are, so to speak, inoculated with or without granular debris, epithelial cells, blood cells, pus cells or other substances depending on the type and severity causing the condition.

In concluding, I wish to reiterate that urinary findings without clinical symptoms do not necessarily point to diseases we have been taught that they are generally indicative of. We can at times make diagnosis, but it is principally of value as a diagnostic aid and therefore not at all negligible.

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In cases of fracture of the base of the skull, operation is not indicated unless the cerebral symptoms are persistent or progressive.—*Amer. Jour. Surg.*

## A CONTRIBUTION TO THE DISCUSSION OF THE "SPECIALIST" PROBLEM.\*

BY ELIAS J. MARSH, M. D.,  
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Of the various problems not scientific in their nature occupying the attention of the medical profession at the present time, few are causing more discussion than the problem of "specialism" and the "specialist," so called. In comparison with many subjects perennially agitating the professional world, this one is new, it being only within the last quarter century that the custom of "specializing" or limiting one's practice to a certain "specialty" has become so common as to constitute a general problem. It is not now necessary to speak of the extent to which it has developed; suffice it to say that there is hardly an organ or function of the body which has not an association of men devoted to its study; hardly a town or village in which there is not one or more men devoted to some special department of practice. The resulting situation is arousing in various quarters criticism not wholly favorable with regard to several of its aspects.

The points of attack are chiefly three, viz., the so-called specialist himself, his relation to his professional brethren—more particularly the general family practitioner—and his relation to the public. All of these aspects are closely interrelated, but they have so far been considered singly and the attempts to solve each have given but little consideration to the others. Let us study them a little more closely, first individually and then relatively, in the endeavor to discover some common solution for the whole problem.

But before we take up the question of the specialist, let us consider the basic conditions which bring about the present ubiquity and multiplicity of these special practitioners. The fundamental reason for the existence of "specialism" is simple and perfectly proper, viz., the fact that the field of medical science is now so vast that no one person can know thoroughly more than a relatively small part of it, and to know any part thoroughly requires the whole of any man's time and attention. This is ample justification of the general principle of specialism, either for practitioners or

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for investigators, but when applied to the mass of *soi-disant* specialists of the type presently to be described, it is simply an excuse and is accepted solely on account of two conditions in the general profession which ought not to exist, viz., over-crowding and under-education. Over-crowding makes earning a reasonable living difficult on account of the severity of the competition, and leads many men to look to the "specialties" as gold mines in which riches are easily earned—obtained is perhaps a better word—in addition to the greater prestige enjoyed by the specialist in the popular estimation. Inadequate medical education, especially on the technical side, makes it necessary for many men in general practice to obtain help in the treatment of a great many cases which any physician ought to be able to manage for himself.

Every man who begins the practice of medicine ought to be able to make an ordinarily intelligent examination of any part of the body, using therefor the simpler instruments and appliances customarily used for such purposes. No physician should have to admit, for instance, "I don't know anything about the eyes, you go and see Dr. Blank," any more than he would say, "I know nothing of obstetrics, you go and see Dr. Stork." If every man were able, as he should be, to treat any simple disorder of any part of his patient, there would be much less demand than now for partly-trained specialists. But then he must be able to treat such troubles intelligently, not blindly, as it is to be feared too many now do who are unwilling to lose a single fee and he should realize his proper limitations and know when the assistance of a real expert is necessary. With the more thorough education and clinical training of the profession as a whole, the demand for specialists' services would be greatly reduced, while at the same time, the higher standard thus set would greatly lessen the over-crowding.

Now to return to the original subject, and the three aspects of specialism already mentioned. First comes that of the specialist himself, his selection, fitness, and training for his work. To begin at the beginning, let us take up the selection of the future specialist. Frequently it happens that even during his course at the medical college the student, though knowing nothing of the different branches of his science, or of his special aptitude for one, more than another, but influenced by the glamour of some great name, the place of the special-

ist in the public estimation, the magnetism of an instructor, or the dramatic appeal of his clinic, decides that he will devote himself to surgery, ophthalmology, psychiatry, or what not. His still elementary knowledge of medicine is not a sufficient basis for a balanced judgment, still less his knowledge of his own adaptability to any particular branch. Of the actual work of daily professional life, meeting patients and consulting with friends and family, he knows nothing whatever. Nevertheless, he wishes to be a gynæcologist, or to do cranial surgery—medicine and pathology or research, not being spectacular, appeal much less strongly to the student, though a sympathetic heart may incline him to pediatrics. Fortunately he is usually prevented by circumstances from acting on this immature decision till he has had time for more sober second thought, but one of our very foremost medical schools in this country, that of Harvard University, permits—nay, encourages—him to choose at the end of his third year by allowing him to elect his fourth-year course according to the line of work he has mapped out for himself. At Columbia things are not carried quite to this extreme, but the professors of the various special branches advise the members of the graduating classes about the best methods to pursue in preparing for their various specialties. The nature of this advice depends more on the character of the individual professor giving it than on the particular kind of work to which it is applied. Some of the professors give the students sane and sound counsel of a broad nature, but others confine themselves to the technical points necessary to enable their hearers to begin practice as specialists. It is only fair to say that all emphasize the importance of thorough technical training in the specialty.

In the humble opinion of the writer both of these methods are radically wrong, differing only in degree, and answer rather to a popular demand than to the broad and high ideal which should mark the university standard. The more the writer sees and hears, and the more he learns of the opinions of others in whose judgment he has confidence, the more he is convinced that any decision in regard to a specialty should be postponed till after several years spent in the general practice of medicine. And this for two reasons; First, because not till then, generally speaking, is a man competent to decide where his true interest and fitness lie; and next, but even more im-

portant, because to whatever branch of medicine he may afterward devote himself, this general experience will prove a most valuable part of his special training. The deeper and more intense the training of the specialist the more it tends to become narrow, but one who is going to study or treat any single part of the body cannot do the best work unless he remembers that his part is truly a part and not an entity, and this requires a breadth of view which can be obtained in no other way nearly as well as in general practice. For the specialist's sake as a specialist, then, the experience obtained in general practice is invaluable.

Preliminary preparation being thus disposed of, the question of the particular specialty to be followed, if any, may be left to settle itself, as by this time a man should be pretty well able to realize in what direction his tastes and talents lie, and so we come to the question of training. To confine special work to those competent to do it there must be a sufficient number of thoroughly trained men, and we have now to consider how this training is to be secured. One cannot do better at this point than study the recent report of the committee of the American Laryngological, Rhinological and Otological Association on the Teaching of Oto-Laryngology. In its general principles the report applies equally well to any or every specialty. The preliminary portion of the report maintains "that each student of medicine be entitled to receive sufficient instruction in oto-laryngology to enable him to deal with the parts concerned as intelligently as with the rest of the human body." In the second part we read: "Up to the present, on this continent, there is no recognized portal to the specialty. On the other hand, the gates may be said to be many, and yet, *mirabile dictu*, our towns and villages, and even our cities are filled with 'specialists' who have entered by no gate whatever but have simply 'climbed over the wall,' and are to some extent, at least, to be considered merely as 'thieves and robbers.'

"The house surgeon attached for three months to the oto-laryngological service of a hospital, the general practitioner who derives his knowledge of the subject from a six weeks' course in a post-graduate school and the man who takes a run to Europe immediately after graduation, alike think themselves worthy to be ranked as specialists."

Taking up the question of proper train-

ing for practicing a specialty, the report goes on to say: "Those who have written upon this subject are agreed that not less than two years should be devoted to preparation for practice as a specialist" preceded by general hospital or practical experience. The course then to be followed is outlined, and includes advanced work in anatomy, physiology, embryology, pathology, physics and therapeutics, with operative work on the cadaver for surgical specialties, followed by a thorough training in clinical work. Such work is to be solely under the control of the universities, as they are the proper bodies to provide post-graduate instruction. The post-graduate schools as at present organized are dismissed as absolutely unworthy of consideration. Finally it is suggested that the candidate for recognition as a specialist present himself to the university for examination for an advanced degree administered on the lines of that for Doctor of Philosophy.

Having now trained our specialist, how are we to relate him in practice to his professional brethren and to the public, and how are the latter to recognize his hard won skill and to distinguish him from the incompetent pretender and the quack?

A plan which seems to meet with wide approval is to require a physician desiring to work in a special department of medicine, more particularly the surgical branches, to obtain a special license from the State licensing authority. This is believed to be one of the objects of the newly-organized College of Surgeons of America, and is also emphasized in the report of the Oto-Laryngological committee already referred to. With all respect for the wisdom and experience of those advocating it, this plan seems to the writer to have grave objections. In the first place it would be very difficult to define the limits of a specialty, and to decide what the general practitioner or family physician might or might not legitimately do for his own patient. Next, it would be even more difficult to draw the line between the different specialties, or to say how far the specialist treating any given case might follow it over the border of an allied or neighboring specialty for which he is not licensed. It may not have been actually proposed to carry the plan to this extreme, but as various societies are each advocating special license for its own branch, this would be the result. But anyhow, it is not desirable in principle that the law should distinguish, by fixing classes, between the members of



a liberal profession like medicine, where relative competence depends on individual capacity and not on arbitrary rule. Even in Germany, where everyone's private affairs are regulated by a paternal government, there is no such restriction as this. Every licensed practitioner is supposed to have a reasonable knowledge of every part of the body; if he has not, the requirements should be made more strict, or more carefully enforced. For the law to undertake to say just how far he may carry his treatment of his patient in any direction without consulting a specialist might often work grave injustice to both physician and patient. Beyond establishing a reasonable minimum standard for admission to practice the law should not go.

But as some solution of the problem is necessary, the writer begs leave to offer the following plan in place of special license. This other plan, to be sure, is also not perfect; it does not entirely eliminate the incompetent and the pretender, and so does not absolutely protect the unwary and the credulous, but it would go a very long way toward these desired ends, and would do so in a manner consonant with the ideals of the Practice of Medicine, beside having certain positive advantages. It is simply that a man's competence to do work should be established not by his own estimate of himself or by that which he can persuade the public to form of him, nor yet by any fixed legal classification, but by the estimation of his abilities formed by his colleagues of the medical profession, that is to say, by the judgment of his peers.

The plan in a word is this: That while every licensed practitioner remains, as now, free to treat his own patients as long as his conscience and their confidence will allow, the specialist, trained as outlined above and holding himself to exclusive practice in certain lines, should see only as consultant, patients sent or brought to him by their family physician. This does not mean simply that he should see only referred cases, as cases are now commonly referred; some men already have such a rule in their own practice. It means that the specialist should be actually a consultant, seeing each case as far as possible with the family physician, comparing notes and opinions, and advising the latter about the further treatment of the case, which still remains in his hands unless he asks to surrender it. The function of the consultant specialist would be to supplement by his greater knowledge and experience in his particular field the

sound but limited knowledge of the family medical man, placing his skill and learning at the disposal of the latter to use as his own intimate acquaintance with the particular patient may lead him to think best. To emphasize the relation of the two, the specialist's bill should be sent to the family physician for services as adviser rendered to *him*, the latter of course, being at liberty to reimburse himself at the charge of his patient.

To the chorus of objections to this plan, already plainly audible, let it be said at once that it is intended to be applied in the light of reason and common sense. There is no intention to ask the consulting surgeon to stand by and tell the country doctor how to do the operation, nor to have the oculist supervise his neighbor's effort to refract a case of eyestrain, even supposing that either of them had time for so unintelligent a procedure. But it is intended that the family physician benefit to the full by each consultation, not with the idea that next time he should do the operation himself, but that he should receive every advantage of experience that may legitimately benefit him or his patient thereafter in differential diagnosis or in any other way. It is also intended that the family adviser, knowing his patient, shall be able to veto unnecessary treatment of possibly atypical but functionally satisfactory conditions that have nothing to do with the patient's actual complaint. Next, objectors are reminded that as the condition we are considering contemplates a higher and better type of specialist, it also includes far more competent general practitioners—men who would be able to appreciate the advice given in these consultations and profit by it, just as they would realize when it was time to seek it. To that sort of objection which meets every proposal to change accustomed ways and methods for those which have to be learned anew, the writer admits that he has at present no answer ready.

It is true that this method would increase both the temptation and the opportunity for commission, rebates, secret fee-splitting, and kindred evils which are now giving so much concern, but the correction of this tendency must be left to those agencies which are now at work improving the moral and ethical tone of the profession. Possibility of abuse is not a reason for rejecting an otherwise desirable method of work in a body of men like the medical profession.

What are the positive advantages to be expected from the plan here proposed? First, the rehabilitation of the family physician as the chief reliance and support of ailing humanity in the popular and also in professional estimation. Well educated and trained, the general practitioner would be able to make an intelligent examination of any part of the body, and give his patient sound advice and treatment. The better to do this, he should be permitted to charge a fee commensurate with the value of the time spent, the difficulty of the case, and the amount of skill and effort expended. Being assured of payment for the quality, rather than the quantity of his work, he would be less tempted to hurry over the case and on to the next, to make sure of the fee before his rival gets both fee and patient. He would thus be in a position to make a careful study of each case, and having at his command the services of thoroughly qualified experts to supplement any deficiency in his own knowledge, he would gain a broad, practical and scientific training that would make his work a satisfaction and a pleasure to himself and would make him of great and real value to his patients. He would also be free from the fear that his patient might be taken from him, carried off and operated upon at a charge which would absolutely preclude any possibility of the payment of his own modest bill, while he himself is entirely eclipsed in the estimation of the patient's family. He would consequently feel less hesitation in summoning to his aid one or more experts when occasion required, at the same time occupying the central and commanding position, correlating and co-ordinating the various and possibly opposite opinions of different experts, and controlling them all by his own more intimate knowledge of the particular patient.

To the patient this plan offers the advantage of careful consideration by a thoroughly competent physician who would be at liberty to devote to him the necessary time, instead of having to hurry over him to the next case. For this it would be well worth his while to pay a commensurate charge, rather than the lesser fee now asked for a hurried and often careless opinion and shotgun prescription, followed by many subsequent visits with a fee for each and a total result less satisfactory than if intelligent care had been obtained and paid for in the first place. Should occasion arise, he would secure the services of a competent specialist selected for him by one

qualified to choose. Besides, he would know that the consulted specialist's knowledge of the particular condition discovered and zeal for its instant correction would be checked and controlled by his own physician's calmer judgment and knowledge of the patient.

For the specialist—that is, the scientific one really worthy of the name and fit for the work—this plan of consulting specialists offers advantages no less than to the practicing physician and to the patient. It assures him that his work would be judged by those best able to judge, viz., his own professional brethren, and consequently that his success would depend on his ability to do good work rather than on popular favor. To the grandstand specialist the plan proposed has little to offer. With the surgeon, gynæcologist, gastro-enterologist, etc., chosen as the pathologist now is, popular recognition and applause would be very largely lost. But the man who is interested in his work for its own sake, freed from the competition of the untrained and ready-made quasi-specialist on the one hand, and on the other from the necessity of securing a popular clientele, would find a very great gain. Close association and frequent consultation with the general physician in the capacity of teacher and adviser would make him more careful and thorough, and would give him the great advantage of a better knowledge of his patient, thus lessening the tendency too common among specialists to look upon the particular organ they are treating as an entity rather than as a part, or to regard the particular abnormality which they discover therein as the sole, or at least the basic cause of every obscure disorder. Moreover, the increased skill which the general practitioner would acquire would relieve the specialist of much routine work which he is now obliged to carry out himself, thus leaving him free for other things. He, too, would benefit by the practice of charging in proportion to the value of services rendered. The whole situation thus brought about would both release his energies from hampering details, and encourage him to devote the freedom thus obtained to work requiring his best skill, and to study and research. In addition to those particular advantages, all concerned and the entire community would benefit equally by the substitution for the present chaotic state of affairs of a step toward a consistently unified system of professional practice.



To sum up, the points advocated in this paper are:

(1) Broader and more thorough education, preliminary and scientific, and better clinical training of physicians generally.

(2) Thorough and systematic education, theoretical and practical, under university auspices, and after general medical experience, for those who wish to be specialists in any department of medical science, such education to be marked by a special degree.

(3) Compensation of medical services according to the value of the work done in each case, instead of by a fixed fee.

(4) Specialists to be consultants and not independent practitioners, and to be employed by the physicians and not the patients.

The advantages to be gained by this radical reorganization of the methods and customs of practice are:

First, for the general practitioner, compensation in proportion to the quality rather than the quantity of his work, and resulting opportunity and encouragement to do good work; better training and knowledge as the result of more careful and systematic work and free consultation with highly educated specialists; control over his cases, with relief from fear of losing them to the specialist and so less hesitation in calling one when advisable; and restoration to his old place in popular and professional estimation at the center of the medical system.

Next, for the patient, the advantages of careful and skillful consideration of his case; less total cost following greater initial outlay; much greater value received in return for the expense; consultation with a competent expert when necessary, selected by who knows; and the comfort of realizing that the final decision rests with one who regards him as an individual and not merely as a case.

Then, for the specialist, freedom from the competition of untrained and unfit rivals; judgment of his work by those qualified to judge; the broadening influence of working in close association with the general physician; release from much tiresome routine work, and finally, both opportunity and incentive to do the best work of which he is capable.

Lastly, and for the whole community, an organically unified system in place of the existing medical chaos.

In judging the merits of the plan herein proposed, must be studied as a consistent

whole, and objections to details should be made in that light. Before dismissing it as an impractical ideal, one should remember that ideals which may once have seemed even more impractical are now embodied in every-day experience. Bearing in mind the improvements that have already taken place in medical education since the report of the Carnegie Foundation five years ago, and especially in the facilities for graduate study, it is not unreasonable to expect that the fundamental conditions essential for the operation of the proposed plan may ere long be attained. With these points in mind, it is respectfully offered for your consideration.

#### VALUE OF HOSPITALS TO CITIES.\*

BY JOHN C. MCCOY, M. D.

Paterson, N. J.

No community can possibly be at a disadvantage for having within its boundaries a hospital. It matters not how small such a community may be, a hospital, providing it is properly equipped, efficiently managed and able to place at the disposal of a competent medical staff, the means of scientifically caring for the sick and investigating the causes and treatment of disease, is an asset, which either directly or indirectly affects every member of the community.

The hospital is of economic value because it educates the public in the proper care of the sick, and what is far more important, how to prevent sickness. It is a most potent educational factor in personal hygiene and public health. Some one has said that if he were to make the world over, he would make health contagious. The function of every hospital, no matter how small or large, should be not only to cure disease, but to teach people how to avoid being sick. We all recognize that it is impossible to treat many conditions as satisfactorily in the home as in a well regulated institution. Nothing better illustrates this than the treatment of certain diseases, such as typhoid fever, or many surgical procedures, which in order to receive proper and adequate care in the home, places upon the family a financial burden, which at times is a severe drain upon the home treasury, and entirely incommensurate with the income, thus greatly handicapping the family for a long period. Then too, it is

\*Address delivered at a banquet, in Dover, N. J., November 23, preliminary to a campaign to raise \$50,000 for a hospital.

frequently difficult, if not quite impossible, to maintain the proper hygienic measures in the home and in case of communicable disease to carry out such measures as are calculated to obviate the dissemination of infection into the community. Such measures should and can be successfully carried out in a hospital. The hospital then places within the reach of certain classes of the community a means for caring for their afflicted ones, commensurate with their income.

The well-equipped hospital is an advantage because when properly conducted it gives to the community medical men better educated in their craft and hence not only valuable to the hospital, but more efficient as medical advisors in the locality and better able to cope with the many perplexing problems pertaining to the treatment of disease in the homes of the community.

Another important duty of the hospital is the education of the young women in the profession of nursing, thus equipping them to enter the homes and administer efficiently to those who are afflicted. These women are an asset to the community because they will not only nurse the sick, but fill many other important positions, such as school nurses, health board assistants and social service workers.

Two elements are absolutely essential in making the hospital a success. First, An intelligent board of councillors or managers, composed of persons who are willing to devote some time to the undertaking, which lay board should be at all times in touch with the efficiency of the hospital and should know both the immediate and end results that are obtained. Second: A competent medical staff able to render the patients admitted conscientious and scientific care. The duty of the one board should be to see that the financial requirements of the hospital are met and that the medical department is not handicapped by lack of funds. There should be between these two departments, namely, Board of Managers and the Medical Staff, co-operation at all times, both as to the care and treatment of the sick committed to them, and to conducting the hospital in the most economic manner consistent with good work.

The effort which you are making to raise funds to establish a hospital is therefore most commendable. Let me impress upon you the importance of starting right. The maintenance in every community of such an institution is to-day a serious problem. The expense per patient per day is yearly

rising. Do not invest all you have as is frequently done in such movements in brick and mortar. Remember that over and above everything else is the care of the patient, and if this is to be properly carried out your building must be equipped for that purpose. It matters not upon how small a scale you may start as to the number of people you are able to care for. Let everything in the way of equipment, such as X-ray, laboratory facilities and nursing, be given a most prominent part, and so manned that efficient care and treatment will be accorded each one asking admission.

Build so that the institution may grow and the work you do will not have to be undone by those who follow. Do not lose sight of the constant effort which you will have to put forth to maintain and support the hospital.

The history of most philanthropic movements of this character is that they start with considerable enthusiasm on the part of many members of the community and terminate with as much neglect on the part of the majority of the organizers and the real work of carrying on the enterprise rests upon the shoulders of the chosen few.

If the hospital you anticipate establishing is to be a success in the highest sense of the word, it will mean hard work and self sacrifice on the part of those who conduct it. There are hospitals within a reasonable distance of your community. That should in no way militate against the establishment of a hospital here, but it does mean that the majority of the people are to-day, at least to a certain extent, educated in hospital matters, and that you will have to extend to them conditions which are at least equivalent to other institutions. This does not mean that your hospital must be large, for I believe that much of the best and most scientific work is done in the smaller hospitals. The doctors whom you select to work with you should and will gladly donate their time and services to the patients, and to increasing the efficiency of your hospital. If they have the spirit of hearty and intelligent co-operation from you and can feel at all times that you as well as they have a keen sense of individual responsibility, not only of the work in general, but for the proper care of each unfortunate, then there will be no question but that your hospital will grow, receive the hearty support of your citizens, and be a continued blessing to your community.



## THE STANDARDIZED HOSPITAL AND ITS OBLIGATIONS.

BY GORDON K. DICKINSON, M. D.  
Jersey City, N. J.

Hospitals have originated as the result of a sentiment on the part of the public and developed through a sympathetic feeling for the person who is ailing. *To the public* the hospital has been considered only as a place of refuge for the sick and disabled. *To the people who are ill*, it is the place where the best diagnoses and the most expert attentions may be obtained.

*The attending staff, the intern and the nurse* have been considered as incidents in the care of patients. *The nurse* has been used largely as a convenience. Her training, academic and practical, has only recently assumed its due importance.

*The intern*, also, has been looked upon as a necessary nuisance connecting the attending staff with attentions to patients. He is changed frequently, is an unknown person when he comes into the building, and seldom becomes an integrate factor. He is expected to put up with inconveniences and discomforts, not at all homelike, while in the institution, and work gratuitously.

But times are changing, and the processes of evolution have had an effect which was not expected a few years ago. This has come on suddenly and is working very rapidly.

The object of the hospital besides caring for the sick and disabled is *education*.

*The attending staff*, through more frequent contact with cases under circumstances which better enable them to observe treatment, become experts and, as such, better conserve the safety and health of the community. The smaller the staff the more expert and higher the grade of medical staff. Hospitals with large staffs fail to develop great ability, thereby the medical calibre of the community never reaches excellence.

*The interns* are educated. They need practical experience as well as contact with expert physicians and surgeons in daily practice and the hospital gives this to them, and they need daily instruction which the hospital should give to them.

*The nurses* are young women who come from homes of different types. They are instructed not only in medical matters but sanitation and the fundamentals in the care of the sick. They are an extremely important aid in professional work.

*The doctors* of the community are educated by following their cases into the hospital, observing methods of diagnosis and concrete methods of treatment. In the institution they see cases that are quite uncommon in private practice, and obtain a better touch.

*The public* is educated when taken there ill or when visiting friends.

*New factors* have recently become effective and will influence hospital work and administration to a greater degree, perhaps, than any other past influence. It will soon be not what you want to do, but what you have to do.

They are; First, *legislation*. In numerous States laws have been passed compelling those who would be licensed to practice medicine to be high school graduates and to have had at least one year college course before entering a medical school.

In New Jersey, under Chapter 271, Laws of 1915, "an act to regulate the practise of medicine and surgery, to license physicians and surgeons, and to punish persons violating the provisions thereof," he shall have four years' course of study in an approved public or private high school or equivalent.

After the first day of July, 1915, such applicant shall, in addition to the above requirements, further prove to the board of examiners that after receiving such degree, diploma, or license, he has served as an *intern* for at least one year in a *hospital approved by said board*. (Naturally, the State board of examiners will not approve of any hospital that has not reached the standard of efficiency).

From the first day of July, 1919, no person shall be admitted for examination for license to practise in medicine or in surgery who has not completed satisfactorily a course of *one year in a college* or school of art and science approved by the commissioner of education, during which year he shall have studied either French or German, also chemistry, physics and biology.

From the first day of July, 1920, he shall have completed satisfactorily a course of *two years in college* or school of art and science.

In New Jersey and Pennsylvania the legislatures have recently enacted laws which compel each practitioner before he can be licensed to serve at least one year in a *standardized hospital and obtain its diploma*.

*The New Jersey State Medical Society*

at its annual meeting in 1914 appointed a committee of five to visit the fifty-three hospitals of the State and thoroughly investigate each as to financial, professional, and administrative conditions, also as to buildings, equipments, facilities for educating the interns and nurses, and endeavor to discover how well all demands are met. This committee reported progress at the meeting of 1915. By another year its report will be complete. The object of this committee is to define a *hospital standard*, then rate each hospital in the State accordingly, publish the rating and exploit the defects of individual institutions.

Second, *medical colleges* have raised their standards and have been reduced considerably in number, leading to greater efficiency in education. They are coming in closer touch with the hospitals, studying each hospital's administration and the education of the intern, and demanding greater efficiency in that direction. Many of the colleges have become affiliated with certain hospitals, which they feel are up to the educative standard, and are placing their graduates in these institutions only.

Third, *interns*, nowadays, by the time they apply for positions, are between twenty-five and thirty years of age. They or their parents have spent considerable money. The wherewithal has become a serious consideration. They need to be clothed neatly, they need books and apparatus, and pin money for incidentals. They enter the hospitals to be *educated*.

The number of graduates from medical colleges in the United States in the year 1915 was 3,286. The number of graduates in the neighborhood of New York and Philadelphia was 571. About ninety per cent. of these seek internships. The large diminution in the number of graduates and the increasing number of hospitals is making it extremely difficult for hospitals to obtain interns, particularly those of good quality, consequently, the institution which does not educate the intern or put him in a position to be educated, the institution which does not give him good rooms and home comforts, the institution which does not pay him some salary or honorarium, is passed by for one which does.

A hospital cannot keep up its efficiency, it cannot meet the demands of the profession and the public unless there be interns. Hospitals without interns will gradually drop out of sight as such. Consequently, all hospitals should immediately consider the

problem of the intern, his education, his honorarium, and his dignity.

#### REQUISITES OF A STANDARDIZED HOSPITAL.

From the preceeding we must infer that all hospitals from now on must recognize three legal obligations:

To the patient; to the intern; to the nurse. All obligations possess prime importance legally as well as morally.

To the *Patient*—In case the work be incomplete or error made, the institution may be sued.

To the *Intern*—Because we will accept him during his fifth year while he is still under the control of his college, with an implied agreement to finish and round out his education.

To the *Nurse*—As demonstrated by the fact that we advertise for them and agree in said advertisement to *teach* and *train* them.

A. Council members should be selected because of their interest in the institution and because of a known knowledge of their efficiency in institutional matters. Effort should be made to fill places with those who will get in close touch with the institution in every detail, who will be willing to visit it frequently, become well acquainted with the attending nurses and subordinates, and acquire a knowledge of hospital activities and the undercurrents which infest every institution. They should be proud of the hospital's efficiency and ever ready to help raise money to maintain a high standard. Only by frequent get-togethers can a council man comprehend matters brought up which affect the institution or any one connected with it, no matter how lowly.

There should be two committees in the council, both of which should willingly accept their responsibilities.

One, a committee on *training-school*, should be well balanced by having a clergyman, a professional man, and a layman. The clergyman to adjudicate the moral and ethical problems; the professional, matters pertaining to the education and training and to suggest as to advancement of ideals; and the layman to co-ordinate matters.

The other, a committee on *efficiency*, to visit the hospital frequently. The members should know the quality of the professional work done by each of the attending staff at the bedside of patients, and in lecturing and demonstrating to the interns and nurses. They should be able to report upon hospital efficiency in all such details



as legislative law and college requirements demand.

In the interest of the intern they should develop educational standards by the attending physicians and surgeons. They should also see that the interns receive new and special attention as well as an honorarium, and live up to their obligations of prompt and efficient attention to patients, the taking of complete histories of cases, and such other duties as standards demand.

B. The administration of hospital affairs can be conducted properly only by a person of professional education and training, broad mind, and sympathetic character. He or she will be confronted with problems brought by the public, by the medical staff, and by interns and subordinates, and must suppress self in co-ordinating all departments. It is only too commonly observed that superintendents soon lose the ideal and settle down to ways of greatest ease. Living on the premises they make the place a home and not an occupation, depending upon the board of managers to overlook omissions.

As the hospital will in the future be practically an educative centre, obligated to teach interns with all the care with which nurses are taught, and as the relation of the hospital to the public and the sick and disabled is one that may be strained at any time, with full knowledge of the fact that the public cannot be expected to be generous in their contributions and legacies unless the institution is thoroughly known and liked, the administration of the institution in its affairs and public contact should be broad, generous and actively kept in mind.

C. In most hospitals to-day, the nurse is far better trained in the books than she was a few years ago, but in many institutions the nurse is not followed from bed to bed in ward and room, and her lack of comprehension not discovered, regulated and controlled.

Ward training, that is, nursing, is very largely left for one nurse to train another. This leads to frequent serious errors in the treatment of patients.

D. The hospital should have a trained and paid laboratory man or assistant. There is no reason why one should devote considerable time to this type of work and not receive some salary for it.

E. A standardized hospital should have its own maternity department separate from other parts of the institution, where there will be seclusion, quiet, and a mini-

mum amount of visiting, and where the obnoxious sights and conditions incident to this time will not be made public.

There are certain grave dangers lurking around the child-bed which cannot be obviated if patients are left to any part of the general hospital.

F. The dispensary should be kept up to grade. Some honorarium or gratuity given to the attending young men will be an important factor in keeping up their interest and constant attention. They should be kept in close touch with the hospital through frequent consultation with the attending staff.

G. As nurses, when they leave the institution, frequently run across contagious diseases, they should be expected to care for a certain number while in training, thereby not only being taught this problem, but also the protection of themselves according to up-to-date methods.

H. The holding of autopsies must be encouraged. Every effort should be made by the superintendent and others to obtain same as often as possible. They should be made under supervision, and should be made a part of the instruction of the interns.

I. Under a proper standardization, the housing of nurses as well as interns will be scored. Their room, their social life, their education, as well as their entertainment are important factors to be reported upon.

J. The time is not far off when the institution will be expected to have a social service nurse, who will go to the homes of patients applying at the dispensary, and also to the homes of those who have been in the institution and need some home direction and nursing.

#### SUMMARY.

The standardized hospital will be one that will comply with the law of the State and accede to the demands of the colleges.

It will consider the interest of the patient as paramount, giving to him the best methods of treatment.

The attending staff shall have every facility for diagnosis and proper care of patients and not hampered by economics.

The education of the intern will be entered into by every member of the attending staff and every facility given him to obtain a practical knowledge of symptoms, diagnosis, treatment and end result. He shall receive an honorarium.

In return for the salary and for the training obtained, which is under the guid-

ance of the college from which he comes, the intern shall be expected and compelled to live up to the rules and regulations of the institution that are in accord with the law and college demands, for instance, prompt attendance on the ward, care, supervision of hospital work, keeping of a complete history of each case, and finishing his work before he takes an afternoon off.

The nurse shall be competently educated by lectures, book study and practical methods.

### DIET IN HYPERCHLORHYDRIA.\*

BY EDWARD E. LUPIN, M. D.

Bayonne, N. J.

In arranging a diet for hyperchlorhydria, we have to consider two indications. First, to prevent as far as possible the excessive gastric secretion, and second, to alleviate the suffering caused by a superfluous acid whenever it appears. Both indications are equally important and closely interrelated and it is best always to consider them both at the same time. If we should consult text books on diet rules in hyperchlorhydria, we are very apt to find directly opposite views in regard to certain foods which are forbidden by one and allowed by the other. One group of authors advise chiefly carbohydrates while the other group advise food rich in albumins.

That such contrary views can be held depends on one or the other of the two ideas which are generally followed in laying out a diet for hyperacidity. The one idea has as its basis the neutralization of free hydrochloric acid which some physicians think best fulfilled by meat, eggs, cheese and similar foods with great capacity for binding acid secretions, while the other idea aims at preventing hyperacidity, and to accomplish this object select foods which demand little secretion, thus advising a diet of carbohydrates because carbohydrates require less gastric secretion than proteins. On general principals there seems to be no doubt but that the latter indication of preventing increased secretion is the more important and the more rational. While it is experimentally well established that carbohydrates require less gastric secretion, we must remember that there is a difference between a dog and a man suffering from hyperacidity.

Hyperacidity is a pathological condition, the irritative character of which manifests itself often in the profuse secretion which follows the ingestion of any and every kind of food. When in such cases starchy foods are taken into the stomach, which already contains acid, or which quickly answers the ingestion of food by a profuse secretion, the tylin action of saliva is stopped very soon. Since the starch does not combine with hydrochloric acid, free hydrochloric acid appears at an early period of the digestive act. Not only does the free hydrochloric acid provoke discomfort in such cases, but it naturally also interferes with the evacuation of the stomach. Free hydrochloric acid reaches the duodenum causing closing of the pylorus until the acid is neutralized by the alkaline secretions of the duodenum. When the stomach contents consist of starches and gastric secretion this happens very often, as every closing of the pylorus means a delay in evacuation and an increase in the gastric secretion. Eventually when the constant irritation of the duodenum leads to pylorospasm the stagnating acid secretion may cause all the annoying symptoms of hyperacidity. This is exactly what we find in patients suffering from hyperacidity who have been fed chiefly on starchy foods—a great deal of poorly digested starch and a highly acid fluid. Thus we see that the kind of food which theoretically seems the most appropriate not only does not prevent increase secretion but actually provokes it.

Protein food on the other hand, by binding acid secretion, postpones the appearance of free hydrochloric acid. This does not only mean postponing the subjective suffering brought on by the free acid. The acid which combines with the food affects its digestion as far as the gastric digestion is concerned and thereby hastens its progress through the period preceding the appearance of free hydrochloric acid. The smaller the remaining part when free hydrochloric acid turns up the shorter will be the duration of secretory activity which the digestion of the remaining part still requires. This shows that the selection of food which has a great capacity of binding acids may at the same time satisfy the second indication of preventing superfluous secretion. Therefore, the action of a certain food on secretion is without value if we fail to recognize the effect it has on evacuation of the stomach, particularly in pathological conditions. A great deal can be said against the tendency to restrict the diet too much

\*Read before the Bayonne Medical Society, on November 15, 1915.



of one kind of food. Be it carbohydrates or proteins. Aside from the experience that we all have had that most patients cannot be persuaded to adhere for a long period to a one-sided diet, very often the state of nutrition forbids it. It is my experience that patients suffering from hyperchlorhydria are as a rule better off with a mixed diet provided the constituents of the diet are properly selected and properly prepared.

In contemplating a mixed diet we have to consider more than merely whether a certain food belongs to the carbohydrate or protein class. As a matter of fact not a few of the ordinary articles of food contain both carbohydrates and proteins. It is of importance to know how large is the percentage of starches in a given food, how large in a meal of different foods and the total amount taken with all the meals during the day. Though I think that a preponderance of albuminous food is indicated in hyperacidity, starchy foods are well borne in this disease, provided it is given at the proper time and properly prepared. While it is true that meat with an individual meal causes little discomfort, it is not advisable to keep patients on a strict meat diet. When meat forms the bulk of a meal, it necessarily requires a great total amount of secretion and when such a diet is kept up for some time, the constant taking of the secretory organ is bound to result in hyperacidity. Much depends therefore on the proper combination of different foods. By certain preparations foods can be changed chemically and physically to such an extent that while inducing less secretion it still exhibits an undiminished capacity for combining with acids. For instance, when meat is boiled instead of broiled, it loses its extractives which excite secretion but it still retains the same capacity for binding gastric juice. Again when it is given minced it taxes the activity of the stomach considerably less than when swallowed in bigger morsels because it requires less secretion for division, and being already finally divided it leaves the stomach quicker. In discussing the different foods, we will show that these and similar considerations are the most essential in arranging a diet. Therefore, an ideal diet should be composed of such foods, prepared in such a way that it calls for the smallest possible amount of secretion, that at the same time it should bind all the acid present and that it leaves the stomach in the shortest possible time, thereby reducing the period of secretion.

The food which best answers these requirements is milk. Its principal advantage is that it is free from extractives, consequently of the different forms of proteins, milk induces the smallest amount of secretion and at the same time fixes the greatest quantity of free hydrochloric acid and when given in small quantities quickly leaves the stomach. For these reasons it is the most suitable food during acute attacks of secretory disorder. Of course, we come across patients that cannot take milk, but they are by far in the minority. It should preferably be given by itself without combining in with other foods. We have to find out whether it is best borne raw or boiled, as whole milk with the cream or as skimmed milk. Some patients stand it better diluted with vichy water while others have to add lime water or other alkalies, such as sodium or magnesium preparations, to prevent its rapid coagulation in the stomach. This is particularly true if the stomach contains stagnating acid. In such cases it will be necessary to remove the acid fluid by lavage before the milk is ingested. If plain milk disagrees peptonized or malted milk may be tried and very often fermented milk like Koumyss is well taken.

Fats: Animal and vegetable fats in the form of cream, butter and oil are recommended in hyperacidity because animal experimentation has demonstrated that fats by reflex action from the duodenum reduce gastric secretion. When a tendency exists to delay the evacuation of the stomach, fat given in large quantities with a full meal is liable to stagnate with the rest of the food. The stagnating fat undergoes butyric fermentation and the resulting fatty acids act as a very annoying irritant causing pain and further secretion. This is particularly so with cooked fats, butter, sauce, etc., which contain fatty acids before reaching the stomach. In not a small percentage of these cases fat increases the suffering and aggravates the whole condition. Still under some conditions fat proves very helpful. When given in the form of oil before meals it readily spreads over the mucous membrane and by sticking to it prevents the intimate contact of the irritant acid secretion with the mucous membrane. This is particularly valuable in cases in which the lack of mucus allows a very close contact of gastric secretion and mucous membrane. In these cases the oil furnishes an artificial covering to the mucous membrane and thereby acts well. Aside from oil given in this fashion cream and butter

may be given with the foods, but it is better uncooked even when given with other foods.

**Eggs:** The fat of the egg yolk is well borne as is the whole egg. Next to milk, eggs should form the staple element of diet and should be added after a period of straight milk dieting. The white of egg is an albuminous substance which binds a great deal of the acid without provoking much secretion. In a great many cases egg albumen is often retained where even milk is not tolerated. It may be given in albumen water or the white part of a boiled egg may be taken separately. Hyperacidity patients having a mixed diet often require some food between meals when annoyed at such times by the acid present. The acid binding properties of eggs make them an appropriate food which may be taken with or instead of milk.

**Meats:** In selecting meats, fish or poultry preference should be given to the lean kind over the fat and oily forms. Pork is a type of meat which is thoroughly infiltrated with fat preventing the access of acid secretion, thereby causing delay of digestion of the meat and its exit from the stomach. The richer in fat the longer it stays in the stomach, thereby prolonging the period of secretion. Of the lean meats, beef is the least favorable on account of its great amount of extractives. These extractives are excellent stimulants for gastric secretion, this is the reason why meat broth is given with advantage when the gastric secretion is sluggish. In hyperacidity meat broths, meat extracts, bullion should be forbidden. On the other hand all meat, fish and poultry which are boiled lose their extractives while still retaining the same amount of albumen and its acid binding capacity. We can still further reduce the amount of secretion necessary to digest a certain amount of fish or meat, after boiling it, if we have it minced so that by hastening its passage through the stomach we shorten the period of secretion. Of lean meats beef in moderate quantities and not too often, mutton, chicken, turkey or squab is to be advised. Veal when it is tender. The lean fish are cod, halibut, striped bass, brook trout, perch and smelt. The soft parts of oysters are very good. Lobster and crabs, though binding a great amount of acid, have too coarse a fibre, and thus require too much secretion. Kidneys are to be prohibited as they are too hard and tough.

**Vegetables:** That are rich and protein have the advantage of binding a great deal

of acid, prolonging thus the period of digestion and thereby furthering the digestion of their carbohydrate constituents. Particularly rich in protein are the legumens, peas, beans, lentils, but they must be given in the form of well-cooked purees. Puree is the best form of preparation for all kinds of vegetables. It is poor advice to advocate long continued mastication instead, because mastication reflexly provokes gastric secretion. When, however, vegetables are taken finely prepared, mashed or strained, they quickly take up a great deal of secretion and leave the stomach in short order. Coarse vegetables, such as corn, cabbage, mushrooms, should be forbidden. Tomatoes are too acid. The acidity makes most fruits harmful, even when stewed. Salads and other raw vegetable foods, celery, radishes, olives, nuts and other substances are difficult of solution.

In regard to vegetables rich in starch such as potatoes, rice and the so-called cereals, much depends on the state in which starch digestion is found in the individual case. As long as hyperacidity is present and as long as the premature rise of acidity curtails the normal period during which starch digestion can continue in the stomach, starch should be prohibited. The more pronounced the disturbance, the more completely and the longer should starches be excluded. This is especially necessary in all cases with stagnation of gastric secretion. In a majority of cases, it is best given with the first meal in the morning, provided the fasting stomach is free from acid fluid, such as toast, swieback, crackers, a gruel of oatmeal, thoroughly boiled rice or farina. Whatever bread is allowed, should be taken in the form of thin slices, crisply baked in the oven and it should be well masticated. In this case prolonged mastication has the advantage that the starch is partly digested through the act of chewing whereby it is best to have the toast eaten dry without fluids so that it may be thoroughly mixed with the saliva. Certain patients have the greatest annoyance from hyperacidity after breakfast no matter what it consists of, and in such cases, the allowance of starchy food should be given with the mid-day and evening meal.

**Deserts:** Great restriction should be put on deserts. Since it has been found that dissolved carbohydrates reduce gastric secretion, sweet deserts have been recommended as a suitable food in hyperacidity. Practical experience teaches us that these



patients are particularly annoyed by heart-burn, flatulence and painful sensations after partaking of sweet deserts. Even plain sugar solution readily undergoes fermentation when motor insufficiency is combined with secretory disorder. The combination of sugar and starchy food is especially liable to bring on fermentation, gas distension and increased secretion and it is therefore decidedly better to prohibit pies, rich cakes and puddings in hyperacidity. When patients desire deserts, those prepared without starch are recommended, such as custards, gelatins and junket. Condiments and spices should be avoided in preparing foods as hyperacidity may itself be due to a long continued habit of adding great quantities of condiments, particularly table salt to every kind of food. It has been proven by experimentation that a salt free diet reduces the secretion of gastric juices.

**Alcohol, Coffee and other Drinks:** Alcohol in any form should be avoided as long as hyperacidity is present. All alcoholic drinks especially provoke gastric secretion particularly in concentrated forms and when taken before meals, such as cocktail. With some wines, it is the acid as much as the alcohol which irritates, so that patients should be warned to abstain from acid wines as well as from cider and similar acid fluids. Light beer or diluted whiskey are allowable. Whenever the secretory disorder is combined with motor disturbances the allowance of all kinds of fluids taken with meals should be restricted as far as possible. With undisturbed motor activity of the stomach however, a moderate amount of fluid taken with or at the end of a meal, may hold dilute the acid secretion. For this purpose plain water or water containing some alkali is useful. Coffee should be strictly forbidden at all times. Tea is decidedly less irritating than coffee but only when freshly prepared and in a weak infusion.

In concluding this paper, I would suggest that instead of giving to patients a printed diet slip containing the names of a number of articles of food, many of which are unknown to the patient; that a far better plan would be to have the patient give you a list of different articles of food which he is accustomed to live on and instruct him what he ought to avoid and in what way the articles permitted are best prepared. In this way the patient may on the whole continue eating what he is accustomed to and avoiding only the harmful elements.

Furthermore, we thus avoid recommending food which very often is contrary to the habits of the patient and still more often not to his liking.

### SYPHILITIC AORTITIS.\*

BY JACOB ROEMER, M. D.,

Paterson, N. J.

The study of syphilis in the large blood vessels begin with F. H. Welch (1876), an English military surgeon, who produced statistics to show that 66% of aneurysms among soldiers were of syphilitic origin.

Doehle, a pupil of Heller (1885), was the first one to call attention to the fact that the changes produced by syphilis on the aorta differed from the ordinary arteriosclerosis. This view is now held by Libman, Longcope, Stengel, Adami, Osler, Kaufman, von Hanseman, Pick, Oestreich and Bendea.

Osler believes that the characteristic lesion produced by syphilis on the aorta is responsible for most aneurysms, about 75% of the cases of aortic insufficiency in adults many cases of dilatation of the aorta and a certain group of cases of angina pectoris.

Longcope maintains that the infection in the aorta probably takes place in the second stage of the disease (syphilis) but that the symptoms fail to appear until a number of years later.

Stadler in 156 cases of syphilis found involvement of the aorta in 82%. Eugene Frankel in 102 cases found the disease in 53%. Bach and Wiesner found syphilitic changes in the aorta and pulmonary artery in 67.4%. According to statistics the average time between the appearance of the initial lesion and the involvement of the aorta is about fifteen years. I. W. Held reported a case where the disease developed five years after the appearance of the chancre. A similar case found in literature is cited by Stadler.

**Pathology:** The action of the syphilitic virus causes a localized disappearance of the media, and is followed by a more or less extensive necrosis of parts of the media. In typical cases the change manifests itself partly as grooved scarred contraction, accompanied by thinning of the vessel walls, partly as larger pointed sunken spots, and partly as finely folded, flattened lesions. Areas of calcifications and fatty changes

\*Read before the Passaic County Medical Society, November 9, 1915.

characteristic of arteriosclerosis is entirely missing in this condition.

As the time allotted to the reading of this paper does not permit a detailed description of the symptomatology and physical signs of syphilitic aortitis, I will omit that and hope to bring out some points in this respect in the history of the case that I am about to report.

James M., age 34, occupation teamster, single, born in Ireland.

Family history—Negative.

serving in the U. S. Army at the Phillipine Islands was taken ill with chills and fever

Past history—Twelve years ago while and was confined to bed for three weeks. During that time he developed a sore on his glans penis which was cured in one week with a dusting powder. He claimed that lesion was not a chancre. Never had a sore throat rash or any other secondary symptoms of lues. A year ago was operated on for appendicitis, and made a good recovery.

May 7th, 1915, he applied for treatment at the Miriam Barnert Hospital Dispensary on the service of Dr. Winters and presented the following symptoms:

Boring pain over the sternum radiating to the interscapular region and at times shooting down into both arms, dry, brassy cough, and dyspnea which was worse at night. The above symptoms came on two months ago and gradually were becoming worse in severity. For the last two weeks cough became a very annoying symptom and he also developed sticking pain over the precordium and difficulty in swallowing food. Dr. Winters observed this patient in his clinic for three weeks, tried various remedies but the patient got no relief. He then requested me to make a Wassermann test on the patient's blood which I found to be 4 plus. At this time Dr. Winters kindly referred the patient to me and on examination, I ascertained the following physical signs:

The patient was muscular and well nourished. His face was suffused and lips somewhat cyanotic, cheeks red. Pupils equal, somewhat dilated, reacted to light and in accommodation. There was visible pulsation in the vessels of the neck. Blood pressure; systolic, 150; diastolic, 110; pulses equal and corrigan in type. Palpation over the precordium and aorta did not reveal any thrill. No visible pulsation over aorta, no tracheal tugging, no systolic or diastolic shock. Percussion over the aorta showed marked dullness, about  $3\frac{1}{2}$  fingers to the left of the midsternal line and about two

fingers to the right. The heart was slightly enlarged to the left and the apical impulse was felt in the sixth interspace in the mammary line.

Auscultation: Over apex first sound feeble, second sound accentuated. Over the sternum corresponding to the pulmonic and aortic area a short distant systolic murmur was heard.

Abdominal examination—Negative.

Liver and spleen—Not enlarged.

Lymph nodes—No glander enlargement, no epitrochlear.

Reflexes—Normal.

Blood count and urine analysis—Negative.

Taking into consideration the age of the patient, the marked increased dullness over the sternum, corresponding to the aorta, the cough in the absence of any pulmonary lesion and the positive Wassermann reaction, the diagnosis of syphilitic aortitis was perfectly justified.

The X-ray examination confirmed the diagnosis and in addition showed a small aneurysm in the first part of the ascending aorta.

We have learned since that the patient died on August the 5th, and according to the nature of his death, which was very sudden, preceded by dizziness, cyanosis, and choking, which lasted for a period of about ten minutes, that the cause of death was rupture of the aneurysm.

In conclusion, I wish to thank Dr. Winters for the privilege of reporting this case.  
302 Broadway, Paterson, N. J.

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## Clinical Reports.

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### PERNICIOUS ANEMIA.

Reported by Dr. Martin S. Meinzer, of Perth Amboy, at a recent meeting of the Middlesex County Medical Society.

D. S., born in U. S., 45 years old, married 19 years, 3 healthy children.

He has always been well up to 9 years ago when he was taken with a pain in the abdomen and he was treated for indigestion. He continued to work but noticed that he was growing very pale and had a feeling of general weakness. About six months after the initial pain in his abdomen, while on his way home from work, he fell unconscious on the street and continued so for a few minutes. When he became conscious he got up and walked home, a distance of about three blocks. As he reached



the back porch of his home he was taken with another fainting spell. This time he was unconscious from 5 to 10 minutes. After he rallied from this spell he was able to eat some supper but was weak and his wife said he looked sick. He slept fairly well, and went to work the next morning as baggage master. He worked for one week and then took a vacation for two weeks.

At the end of that time he returned to work feeling very well. He continued to work until the following June, which was about one year from his first attack. This time he became drowsy and wanted to sleep all the time. He lacked ambition to work and grew very pale but still did not give up work. At this time he did not have any fainting spells nor has he ever had any from the first attack.

These attacks have occurred for nine successive years—between the latter part of June till the forepart of October. After the attack is over he appears to be strong and able to perform his work, but his waxy, while color persists. He claims that he has no dyspnea and performs his work as well as he ever did.

Mr. S. has come under my observation during two of these attacks. The blood in the last attack was examined and the red cells were found to be less than 2,000,000 per cum-m. White cells 5,000 per cum-m. Haemoglobin, 64%. A marked poikilocytosis and many large nucleated red cells.

It seems to me that there can be no question but that this is a case of pernicious anemia. Having practically the classical symptoms coming on with a feeling of general weakness and faintness, reduction in the number of red cells below 2,000,000, a sub-normal leukocyte count, a relatively high color index, nucleated red cells and a predominance of greatly deformed red cells. The diagnosis is still further confirmed by the remissions, when the symptoms and the blood changes more or less completely disappear.

The case is of particular interest to me on account of the fact that it has lasted for nine consecutive years and during that entire time the patient has lost but ten weeks from work. At the present time he is rapidly convalescing from his ninth attack and hopes to be able to return to work in the course of ten days or two weeks.

The treatment in the case has been rest, fresh air, sun light, nutritious food and arsenic in increasing doses.

## RESECTION OF ILEUM.

Reported by Aldo B. Coultas, M. D., of Madison, N. J.

Mrs. I. had been operated for appendicitis three months previous to present illness. Her attack was an acute catarrhal one and recovery was complete. She had returned to her daily duties, some of which were the lifting of a heavy person. A few hours following an extra effort of lifting she complained of severe pain in the abdomen. She was removed to the hospital. This pain increased, vomiting soon began, tenderness of abdomen set in, fever steadily rose to 103, pulse increased rapidly to 160—all symptoms increased rapidly in severity. Vomiting became almost continuous and bowels were badly obstructed.

She was then operated on. The abdomen contained a large quantity of fluid, about 48 inches of ileum from the ileocecal valve upward was distended, black in color and filled with fluid and considerable blood. On examination, the mesentery contained a large clot, the result of a thrombosis of the superior mesentery artery. The blood supply of this portion of the ileum having been completely shut off, it was resolved to remove that portion of the ileum which had become strangulated. The mesentery was tied off and four feet of the ileum removed. Because of the precarious condition of the patient the anastomosis, which was an end to end one, the lumen of the two ends of the gut being of the same diameter, was established with a large Murphy button.

The symptoms of vomiting, fever, obstruction, etc., slowly subsided. The patient after a few days' struggle and with the aid of medical treatment, improved. In three weeks' time there was a sudden rise in temperature, some pain, headache, and marked tenderness and dullness over the button. These symptoms were caused by the button moving on. The symptoms soon passed away and in one week more she was allowed out of bed. The passage of the button soon followed and she left the hospital completely recovered.

### Relapsing Tetanus.

Dr. Happel, in *Munchener med. Woch.*, reports the case of a soldier who had tetanus after a severe shrapnel injury, but recovered. Three months afterward erysipelas developed from a small still unhealed part of the wound, and tetanus developed anew. This time it proved fatal. The first attack had been treated with large intradural doses of anti-tetanus serum but even this did not suffice to ward off the second attack.

### Bullet in the Skull.

Dr. C. L. Gibson presented this case at a meeting of the Practitioners' Society, New York City:

The X-ray of this skull showed apparently three bullets. The man had shot himself, he claimed, once. The policeman stated that the revolver was loaded with two cartridges and one had been fired. The X-ray expert insisted that the picture showed three bullets. At operation only one bullet was found, but this was split lengthwise into three symmetrical pieces.

### Child Swallows a Safety Pin.

Dr. W. M. Hartshorn, at a recent meeting of the N. Y. Academy of Medicine, presented an eighteen months old child that had swallowed a safety pin on July 26. The child was rushed to the hospital and radiographs taken but they were unable to find the safety pin. The child was irritable for ten days or two weeks and had diarrhea. The child was then discharged from the hospital and nothing more was heard from it until October 15, nearly three months later when the mother reported that the child had passed the safety pin.

### Child's Fall on Hay Loader Forks.

Dr. E. J. McOscar at a meeting of the Fort Wayne, Ind., Medical Society, reported a case of a female child, aged 5 years, who was riding on the back of a wagon to which was attached a hay loader, fell off the wagon and was picked up on the prongs of the hay loader. Two of the forks passed through the body on either side of the spine, one perforating the abdomen. She was brought to the hospital four hours following the accident. There was no shock. On opening the abdomen it was found that one fork had perforated the intestine and had so badly damaged the right kidney as to require its removal. Drainage was established and the recovery was perfect.

### Blue Tattooing of Skin from Hypodermic Injection of Morphine.

Dr. F. P. Weber, in Proceedings of the Royal Society of Medicine, reports the case of a woman aged 67 years, a morphinist who from the age of 27 to the age of 59 had been accustomed to take morphine, almost entirely by the mouth, up to  $8\frac{1}{2}$  grains a day. She then entirely discontinued taking the drug until after an operation for gall stones, about four years ago, when she got into the habit of giving herself hypodermic injections of morphine and atropine. Since then she had usually, in the course of every day (twenty-four hours), inejected from  $1\frac{3}{4}$  to  $3\frac{1}{4}$  grains of morphine sulphate, together with from  $1/24$  to  $1/10$  grains of atropine sulphate under the skin of her upper extremities or the upper part of the front of her chest. At the time of the report the skin of these regions had a stippled appearance from innumerable minute bluish spots, each bluish spot marking the site of a former hypodermic injection.

### Inversion of Uterus in a Nullipara.

Dr. R. B. Johnston, in the British Med. Jour. reports a case of this condition, the unusual feature being the inversion of the uterus in a nulliparous woman aged 45 years. The con-

dition was produced by the efforts of the uterus to expel a polyp as a foreign body. Owing to its close attachment to the fundus, the tumor gradually produced a dimpling, this process extending until the uterus was completely inverted. It was reduced with great ease and quick and steady recovery from the severe shock resulted.

### Mammary Secretion with Myoma of Uterus.

Dr. S. Goaglione, in Tumori Cagliari, reports that two women of 44, several years after their last pregnancy, began to have hemorrhages from the uterus and a milk-like secretion could be squeezed from the breasts. Several myomas were found in the uterus. Extracts of scraps of the uterus tissue and of the myoma were injected into rabbits. After injection of the myoma extract into virgin rabbits a mammary secretion was inaugurated. The uterus extract was inert. In both the women the mammary secretion ceased completely after hysterectomy.

### Osteomalacia with Parathyroid Tumor.

The patient was a woman of 26. After the birth of her fourth child, chronic nephritis developed; six months later, typical osteomalacia, and finally a cheesy tuberculous pneumonia, from which the woman died about a year and a half after the first symptoms of osteomalacia. Ovariectomy during the last stages gave no relief. A colored plate shows the typical findings in the long bones. A tumor was found also in the left lower parathyroid gland. There seems to be some connection between the parathyroid glands and calcium metabolism, as several reports have been published of a tumor in one parathyroid gland as an accompaniment of osteomalacia. But that this is not inevitable is shown by Harbitz' case, in which there was a tumor in all four parathyroids in a man of 75 with shaking palsy, but there was nothing to suggest osteomalacia.

### Diacephalic Omphalopagus Xiphodidymus.

Dr. F. N. Gray, at a meeting of the Harris County, Texas, Medical Society presented the "Cuban Twins," a perfect example of Omphalopagus. They are girls 29 months old, and weigh 45 pounds. They weighed 12 pounds at birth. The mother is a small woman and the father a small man. They were born without the assistance of a physician, and it is said that both were head presentations. The mother has since borne one perfectly healthy and normal child. The band of union is 13 inches in circumference and extends from the xiphoid to the umbilicus. There is a slight umbilical hernia. X-ray plates were exhibited by Dr. Van Zant.

### Malignant Uterine Myoma.

Dr. Lahm, in Zeitschr. f. Geb. Gynak., reports the case of a nullipara, 61 years of age in whom an abdominal total hysterectomy had been done for an irregular bleeding from a uterus enlarged to the size of a head. Examination of the tumor showed a myoma which in its growth and distribution as well as in its histological composition must be regarded as malignant. The sarcoma-like changes were present in the intercellular substance as well as in the cells themselves, in the latter being pres-



ent as an increase in the chromatin substance of the nuclei. The tumor had grown along the spermatic veins of the broad ligament as well as in the lymphatics of the uterine wall.

#### Case of Pituitary Tumor.

Dr. W. M. Leszynsky, New York, in a paper read before the American Neurological Association, May, 1915, reported the case of a boy eighteen years of age. At his twelfth year he began to increase in weight until he now weighed 152 pounds, his height being 4 ft. 9 inches. He had since complained of frequent severe headache, occasional vertigo and vomiting, failing vision, and stumbling gait. There was pronounced adiposity, dry skin, absence of hair in the axillae and over the pubis, undeveloped external genitals, and tapering hands of infantile type. All of his movements were slow. He yawned frequently, and then fell into a deep sleep, unless aroused. There was retarded mental development corresponding with the Binet scale for the twelfth year.

The X-ray picture showed erosion of anterior clinoid process and calcareous changes in the floor of the sella turcica, which was not enlarged. In the right eye the vision was diminished to perception of light; the left, equals 20/100 with contracted fields for form and colors. Bilateral primary optic atrophy. Exaggerated knee jerks, ankle clonus and Babinski plantar reflex. Blood, cerebrospinal fluid, and urine negative. Increased carbohydrate tolerance. The intracranial pressure symptoms were attributed to internal hydrocephalus. The visual disturbance was assumed to be the result of pressure upon the optic nerves, either from a distended third ventricle, or from a hypophyseal tumor. The corpus callosum was punctured, in order to establish permanent subdural drainage. Ten days later all of the symptoms of intraventricular pressure had disappeared. He had since remained in good health and one year after his discharge from the hospital the vision had improved to shadows at 3 feet with the right eye and 20/40 with normal fields in the left eye.

Dr. E. B. Angell, of Rochester, said he had had two of these cases the past winter and was really somewhat in doubt as to what to do with them. He saw Dr. Cushing perform one of his transsphenoidal operations and made up his mind that it was paying a high price for getting a little improvement. If this treatment followed by Dr. Leszynsky was satisfactory it would certainly be a big gain.

#### Sarcoma of the Round Ligament of Uterus.

Dr. Fred J. Taussig, St. Louis, reports the case of a woman 44 years of age, vii-para; last child four years ago. The symptoms were primarily those of the uterine prolapse, which was associated with the tumor. There was some pain in the lower abdomen, due to adhesions between tumor and intestines. The diagnosis before operation was right-sided solid ovarian tumor. Laparotomy at the Washington University Hospital on October 30, 1913, revealed an ovoid, semi-solid tumor, the size of two fists, lying in front of the uterus, with normal tubes and ovaries to either side. The right round ligament could be seen entering at the base of the tumor about 1½ inches from the uterine horn. Owing to the

apparent malignancy of the mass, the body of the uterus and the right adnexa were removed and the cervix fixed to the abdominal wall. Palpation of liver, spleen, intestines and lymphatics revealed no metastases. Recovery uneventful.

Microscopic examination showed a spindle-celled sarcoma with numerous cysts of endothelial origin, blood-vessels well developed indicative of slow growth; tumor covered by peritoneum.

A total of 141 cases of round ligament tumors collected showed that about two-thirds are extra-abdominal, appearing in the inguinal canal or labial fold. Only slight symptoms are produced. Seventy-nine out of 135 were fibromyomata, and a large number of these were associated with uterine fibroids. The percentage of adenomyomata was strikingly large, there being thirty tumors of this sort.

Only five cases of sarcoma in addition to the writer's could be found. All of these showed relatively slow growth, were clinically benign and did not recur after removal.

### Abstracts from Medical Journals.

#### Angina Pectoris.

An analysis of 178 cases of angina pectoris is given by Dr. R. Bramwell, in the *Edinburgh Med. Jour.*, December 15. In 48, or 26.9 per cent of the 178 cases no definite lesion was detected either in the heart or aorta; in twenty-eight cases, or 15.7 per cent., the heart's action was weak and the muscular wall of the heart apparently degenerated (fatty, fibroid, etc.); in twelve cases, or 6.7 per cent., the heart was enlarged without obvious valvular lesion; in forty-four cases, or 24.7 per cent., a valvular lesion was present; in one case, or 0.5 per cent., the pericardium was adherent, and in forty-five cases, or 25.2 per cent., the aorta was either dilated or aneurysmal.

#### Fatal Post-Operative Pulmonary Hemorrhage.

Dr. Emil Novak, in *Interstate Medical Journal*, calls attention to the occurrence of pulmonary embolism, though its nearly always present danger is considered negligible. He cites a distressing case in his own experience where his patient died on the sixteenth post-operative day during an apparent normal convalescence.

He cautions against the present tendency to set patients out of bed at an inordinately early period after operation. Here there is particular danger because thrombosis not infrequently occurs in the iliac vein and may, therefore, be unnoticed. He emphasizes the value of handling tissues at operations gently to avoid causing tiny blood clots by bruising and forcible and unnecessary retracing of wound. Finally, the surgeon's asepsis should be beyond criticism.

#### A Quarter Century of Antitoxin Therapy.

Dr. Kossel, in *Deutsche med. Woch.*, shows by means of a simple chart the relationship between diphtheria deaths and antitoxin treatment in German cities of over 15,000 population for the twenty-nine years preceding 1915. The figures begin in 1886, antitoxin therapy

having been introduced in 1894-1895. In pre-antitoxin days there were relatively high mortalities in 1886 and 1893, while in 1891 the death rate was relatively low. Antitoxin was introduced in 1894, when the mortality was reactionary, corresponding to that of 1891. By 1895 there had been an unprecedented drop, instead of an equilibrium or rise. The fall continued with less pronounced breaks until 1900. Since that time it has not changed materially, and even the "severe" epidemic of 1911 makes but the slightest ripple in the almost constant curve. No one can dispute the truth of the chart, and from enemies and skeptics as to serotherapy the only argument can be that diphtheria has yielded to other factors, which would be an unexampled begging of the question. Serotherapy, however, really began with Koch's tuberculin treatment, which enables us to speak of its quarter anniversary, antitoxin in the strict sense being but one expression of it, although all serotherapy has a common province in immunization activities.

#### Blood Pressure and Insurance.

Dr. J. D. Quackenbos, in the N. Y. Med. Jour., says: "Whereas the average length of human life is greater, and there is no evidence that ordinary policy holders are dying earlier than formerly the average age of dissolution among the industrial policy holders of a great industrial insurance company being forty-two, among the ordinary policy holders forty-six years, greater caution is exercised by life insurance examiners, who are better informed as to the causes of such deaths, in the interpretation of blood pressure. A pressure above 150 at the age of fifty years is regarded as prohibitive by this company. Another prominent company regards a blood pressure higher than the average by about fifteen per cent. as probably safe, accepting the following averages as normal.

Age 20.....	120.....	probably safe	137
Age 30.....	123.....	probably safe	140
Age 40.....	126.....	probably safe	144
Age 50.....	130.....	probably safe	148
Age 60.....	134.....	probably safe	153

Cases of blood pressure exceeding the probably safe limit, when kept under observation, have been found sooner or later to show albumin and casts, and are likely to terminate in Bright's disease or apoplexy. It is to be remembered, however, that many cases of arteriosclerosis have a normal or even a sub-normal blood pressure."

#### Importance of Correct Diagnosis.

Dr. A. J. Roberts, in a paper in the Illinois State Med. Jour., says:

To my mind the greatest lack of our work is that of a correct diagnosis. Given a correct diagnosis any one can apply the treatment.

Assuming that we have all the instruments of precision (which we have not), how many of us can interpret what we see through a cystoscope, a fluoroscope or even a Roentgen plate? This then should be our aim. Perfect ourselves wherever and whenever we can to do this work.

If we cannot do this we should at least know what is being done in order to more intelligently treat our cases—in other words, send the case to one who can give us an in-

telligent diagnosis. For example last fall a member of my own family had the misfortune while cranking the car to have a back fire with the resultant Colles' fracture. With the aid of another physician I reduced the fracture. The wrist looked like a perfect adjustment of the broken fragments, but on referring him to the Roentgenologist I found the ulna impacted between its broken end and the radius. Had it been allowed to remain so the lad would have had limited motion, but after learning the true condition I had it adjusted. This is a common occurrence in the life of every general practitioner, and no doubt we would get better results if we would simply avail ourselves of the facilities to which we all have access.

#### Treatment of Mental Affections.

Dr. F. X. Dercum read a paper at a recent meeting of the Philadelphia County Medical Society on "The Treatment of Mental Affections as They Are Met With in General Practice." It is the general practitioner who sees diseases in its most manifold forms and sees it first. In America the practice of medicine has differentiated itself into two branches largely comparable to the division which has taken place in the practice of law in England. Mental diseases are so frequently connected with the internal diseases, coming under the care of the general practitioner, that he necessarily comes into contact with mental affections with greater frequency. Even diseases commonly regarded as being distinctly mental are proving to be due to disturbances of metabolism which lead to phenomena of intoxication and in which the symptoms of a given disease strongly resemble those of an infection with the subsequent and gradual establishment of immunization. Among the most common disturbances met with by the general practitioner is the delirium accompanying the ordinary febrile affections, the various exanthemata and infectious diseases generally. Treatment resolves itself into (1) elimination of the poison; (2) maintenance of strength; (3) allaying of excitement so far as necessary. The means at command are free administration of water, free use of baths, free administration of nourishment, and administration, when necessary, of cardiac stimulants and sedatives. The most efficient form of bath is the prolonged warm immersion bath at 90° or 95° F. More easily employed, however, and therefore, more efficacious is the warm pack. In ordinary household practice the warm immersion bath can only exceptionally be used. If the patient be robust and the need urgent a hypodermic injection of pilocarpin muriate, gr.  $\frac{1}{8}$  or gr.  $\frac{1}{4}$ , may be given at the same time. In given cases it is important to administer sedatives. An expedient practiced in Germany, which is of great value, is the hypodermic injection of small doses of scopolamin and morphin. In alcoholic delirium the giving of a full dose of paraldehyd sometimes is of great service. As the sleep produced is likely to be short, other sedatives, such as trional, sulphonal, medinal or veronal may be given subsequently but are rarely necessary. Commitment is unjustifiable in cases of delirium because of the usually short duration. Especially should the mistake be avoided of confusing a delirium with mania.



Melancholia is the only member of the manic-depressive group which can be successfully treated outside of institutions, and this only when of mild degree and under special circumstances. Tendency to suicide must be borne in mind. Self destruction is best guarded against in the asylum though not absolutely even there. Cases of dementia praecox in the greater number of instances necessitates asylum commitment. In milder cases patients are benefited by rest and general physiological methods. The importance of retraining and re-educational methods in suitable cases need hardly be pointed out. Paranoia and paranoid cases generally are not suitable for extramural treatment. At times, however, the lucidity of the patient is such that asylum authorities might not hold him. Wiser treatment here is to enlist the patient in some simple employment. In cases of psychasthenia we are rarely justified in committing. These are the patients who present the special forms of fear, the chronic indecisions of insanities or doubt; the defects of inhibition, termed by the Germans, the Zwangsneurose, and finally the deficiencies of the will, termed by the French, the aboullas. Here the treatment must be limited to simple physiological procedures into which rest methods and suggestion, various forms of psychotherapeutics and training must of necessity enter. Many of these patients present the unmistakable evidences of a hypothyroidism. The various other forms of mental disease confronting the practitioner, such as the melancholia of middle life and the dementia of old age, each require treatment based upon general principles and common sense. I would emphasize the importance of simple physiological procedures, such as rest and full feeding, which especially promote the formation of anti-bodies and possess therefore special therapeutic value. Never be in a hurry to make a diagnosis of insanity. If you are in doubt, do not, of course, commit. Do not insist upon commitment when the friends and relatives oppose this course.

#### Common Sense and the Fever Thermometer vs. the Stethoscope and the Microscope in the Early Diagnosis of Tuberculosis.

Dr. S. E. Thompson, of Texas, at the meeting of the Southern Medical Association, said that in his paper he had endeavored to prove the following points: (1) We were finding only a very small per cent. of our incipient tuberculosis patients. (2) That this was due largely to faulty teaching. (3) That as a result of this faulty teaching we could not rely on the stethoscope. (4) That the microscope would not make a sufficiently early diagnosis. (5) That in using common sense and the fever thermometer we could find a large number of early cases. Our attitude toward tuberculosis should be one of eternal suspicion. The white plague was everywhere. It was the most common, the most frequent of all diseases. The finding of our early cases was the general practitioner's burden, and if he would depend less upon the stethoscope and microscope and rely more on competence and the fever thermometer he would find a much higher per cent. of his early cases and thousands of lives would be saved annually.

## County Medical Societies' Reports

### ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The annual business meeting of the Atlantic County Medical Society was held at the Hotel Chelsea, Atlantic City, Friday, January 14th, at 12 o'clock noon.

The following members attended: Drs. Andrews, Alsop, Almann, Bullock, Bewley, Bowker, Berner, Barbash, Charlton, Chew, Conaway, Carrington, Canning, Clark, Clements, Darnall, P. Davis, Byron Davis, Frisch, Fox, Fish, Guion, Garrabrant, H. T. Harvey, Harley, Holt, Ireland, Joy, Lawrence, Lutz, Leonard, Lee, Munroe, P. Marvel, E. Marvel, Martin, Marshall, Poland, Quinn, Rulon, Stickney, Stewart, Snowball, Shivers, Sheen, Stern, Scanlon, Williams and Weiner.

The name of Dr. Corson, of Atlantic City, was proposed for membership and was referred to the board of censors.

Dr. W. Blair Stewart, chairman of the committee on Legislation and Hygiene, reported as follows:

Mosquito Extermination Commission—The work done by this commission during 1915 cannot be estimated by dollars and cents, but only by the great diminution of the breeding spots and the elimination of this pestiferous insect, the mosquito, from a large territory in the County of Atlantic. Not only have they eliminated the breeding places, but they have drained areas that have been a menace to various sections for years. It is gratifying to note that the Board of Chosen Freeholders have again granted a very liberal appropriation for the continuance of the most needful work. The president and members of this commission deserve the commendation of the Atlantic County Medical Society.

Atlantic City's Garbage Disposal—After many years' fight to eliminate the disgusting odors that have arisen from the reduction plant of The Atlantic Products Company, the garbage disposal for all time has been ordered from the limits of the city and a contract awarded to a company that will carry the refuse to a distant island, far beyond the reach of Atlantic City and handle it without offense to anyone. The medical fraternity and the citizens of Atlantic City owe a debt of gratitude to the company of progressive hotel men, headed by Judge John J. White, that entered a bid and took the contract from those who would continue the nuisance that has been responsible for considerable ill health as well as to drive many visitors from the city never to return.

Sewerage Situation—The Atlantic City Sewerage Company has about completed sedimentation plants that will stop the further pollution of the waters of the thoroughfare with solid materials as in the past. The local corporation has co-operated with the plans of the State Board of Health and, in spite of the many difficulties incident to a community of this kind, has about perfected an ideal plan.

Newspaper Advertisements—Attention of the medical society is directed to the 24 advertisements cut from a prominent Atlantic City daily paper of January 12, 1916, and displayed before you to show how the public is misled,

misinformed, and given directions how to treat their ills by advertising doctors and patent-medicine manufacturers and dealers. Is it not a disgrace to the medical profession that the public should be taught by such methods while the medical profession sits idly by without telling them the truth? If you are all in favor of avoiding slash surgery and allowing druggists to advertise cures that would send the average physician to jail as law breakers, what better can we expect from the public. If the public newspapers continue to promote such conditions by accepting advertisements that are absolutely forbidden space by many of our best papers and that are lowering the standards of truth and no protest is made by us, can we blame the public for buying these remedies at cut rates and in bargain stores? The newspapers tell us these advertisements represent good money to them, but their business managers do not look behind the scenes and into the homes of hundreds and thousands where their indorsements are responsible for the sacrifice of many lives. Where one is benefited, many are made worse and incapacitated. These advertisers must not be looked upon as public benefactors, for their sole aim is to get the public's money.

Atlantic County's Tuberculosis Hospital—The Board of Chosen Freeholders of Atlantic County is about to receive from the contractors a completed County Tuberculosis Hospital at Smiths Landing to care for the indigent cases of tuberculosis in the county and city. While your committee has not inspected the building, the plans show that it will properly house and care for our present needs if it is properly administered. The law requires a board of five, two of whom must be physicians. It is very necessary that this board should be composed of men who are above personal ambition and political power; men who have had wide experience along these lines and whose motive shall be to do their duty to a class of unfortunates whose lives are placed in their sacred care; men who are not filling nominal positions to repay political debts; but real men who will faithfully promise the Board of Freeholders to give their best efforts to free Atlantic County from the dreaded tuberculosis infection.

There are a number of men in the Atlantic County Medical Society who have spent years of investigation along these lines and who are consulted as experts upon tuberculosis and your committee feels that it is the duty of the society to recommend to the Board of Freeholders several men in whom they have the utmost confidence professionally and whom we would unanimously indorse for appointment. This would probably relieve the embarrassment that many of the freeholders feel in trying to select men from personal applicants. This is not to be considered as a political move nor as a dictation, but only a suggestion as to our wishes for the benefit of the best management.

The Local Atlantic City Tuberculosis Situation—A most startling situation is presented to your committee by the report of the Anti-Tuberculosis Red Cross Nurse from January 1, 1915, to January 1, 1916. From January to April, inclusive, 22 cases were admitted to Ancora Sanatorium from Atlantic City. May to September, inclusive, 7 cases were admitted. October to December, inclusive, no cases have

been admitted. From October 21, 1914, to January 1, 1916, 43 cases were admitted to Ancora. Of this number 28 have died; 8 have returned to Atlantic City; 6 are still there as patients; and 1 is employed in the kitchen at Ancora. The officials of Ancora say that at no time have patients been refused admission from Atlantic City, but, at times, short waits were necessary. Eleven specific cases, whose names are in your committee's possession, have been handled locally and most of them have been placed in a private house on North Illinois avenue, where they have either died, returned to their homes, or have used this house as headquarters and have traveled the city at liberty. The report states that several of the reports never received action by the proper authorities and the excuse was always given that Ancora was full. If these statements are correct, and the records on file are very explicit, the State law concerning tuberculosis had been violated by some one and the whole matter should be very thoroughly investigated and responsibility fixed. This is a matter for the State Commissioner of Health or the Grand Jury and not the duty of your committee. Your committee does not give this report with a view of discrediting local health authorities, but feels that, in the face of such a report, inaction, and further presumed violations, should not be allowed to go unchallenged.

Your committee during the past year has tried to keep in touch with all medical legislation and the local health situation and while our reports have not been very active the members of the committee as individuals have done much to help correct many things.

The Committee on Nurses Directory, Dr. E. C. Chew, chairman, reported that there were 99 graduate and 38 practical nurses registered.

Ten nurses made visits and attended cases during the year without pay and there were 699 calls for nurses all of which were filled.

In a communication from the head of the directory, thanks and appreciation was extended to the society for their earnest co-operation.

Dr. W. E. Darnall, chairman of the Library Committee, reported a gratifying increase in the number of the members who took advantage of the excellent medical library which the committee has endeavored to keep up to date in every respect.

Relative to the report of the Committee on Sanitation and Hygiene, it was moved, seconded and carried that the following members be recommended to the Board of Chosen Freeholders of Atlantic County, to fill places on the Tuberculosis Hospital Board: Drs. Senseman and Darnall, of Atlantic City, and Harley, of Pleasantville.

The following officers were elected for the coming year:

President, Dr. Samuel Barbash; vice-president, Dr. William Martin; secretary-treasurer, Dr. Edward Guion; reporter, Dr. Byron G. Davis; board of censors, for three years, Dr. E. H. Harvey.

Annual delegates to Medical Society of New Jersey: C. C. Charlton, Joseph Poland and Gurney Williams; alternate delegates, C. Garrabrant, H. T. Harvey and W. Price Davis, Jr.

Delegates to Societies—Camden County, J. C. Marshall, Bullock, Stern; Salem County, C. Garrabrant, H. T. Harvey, C. H. de T. Shivers;



Gloucester County, B. R. Lee, D. A. Berner, W. Martin; Passaic County, Worth Clark, W. E. Darnall, P. Davis.

Committees—Hygiene and Legislation, W. B. Stewart, Emery Marvel, E. H. Harvey; Library, W. E. Darnall, C. C. Charlton, D. B. Allman; Advisory to Nurses' Directory, E. C. Chew, Jno. Snowball, M. S. Ireland.

#### BERGEN COUNTY.

Frederick S. Hallett, M. D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held at the Union League Club, Hackensack, January 11th, at 8.15 P. M. The president, Dr. Edwards, occupied the chair, about 30 members being present.

New members elected: Dr. Peter Brancato, Wyckoff; Dr. Clifford B. MacIntyre, Closter.

Scientific program—Dr. Walton Martin, of New York City, who recently returned from war service in France, gave us a very graphic account of the work done in the field and at the base hospitals. Dr. T. N. Gray, secretary of the State Society, honored us by his presence, making his usual strong appeal for increase in membership.

#### BURLINGTON COUNTY.

D. F. Remer, M. D., Reporter.

The annual meeting of the Burlington County Medical Society was held at the Arcade Hotel, Mt. Holly, January 12, 1916. The following officers were elected:

President, George E. Harbert; vice-president, Lyman B. Hollingshead; secretary and treasurer, George T. Tracy; censor, Joseph Stokes; reporter, Daniel F. Remer; chairman section on medicine, A. L. Gordon; chairman section on diseases of women and children, D. H. B. Ulmer; chairman section on surgery, John Conroy; delegates to State Society, E. D. Prickett, E. R. Mulford; alternates, J. C. Haines, J. J. Flynn; delegate to Gloucester County, G. H. Jennings; delegate to Salem County, J. E. Dubell; delegate to Camden County, Stewart Maul.

Dr. E. R. Mulford, the retiring president, delivered his annual address on "Keeping the Race Pure."

It was an address bristling with truths and gave the members of the society something to think seriously of.

#### CUMBERLAND COUNTY.

E. S. Corson, M. D., Reporter.

The Cumberland County Society met at the Commercial Hotel, Bridgeton, January 4th. The program consisted of a discussion on tuberculosis with a view of influencing the Freeholders to establish a county hospital. Dr. J. C. Hatfield, Phipps Institute, Philadelphia, was the principal speaker. He said nearly 90% of the tuberculosis patients in the State of New Jersey would be provided for in the near future. Salem, Cape May and Cumberland counties were the most tardy in the State in meeting the provision of the law requiring proper provision for the care of tuberculous patients. The plan to send Cumberland County patients to the Atlantic County Hospital has several objections. There are enough patients in the county to fill the hospital. Atlantic has no more beds than it needs.

A county hospital would educate the people and they would take pride in and support it more liberally. Certain patients would stay at home rather than undertake the journey to Atlantic County. Frank S. McKee, Esq., addressed the society on the "Requirements and Permissions of Law Providing for the County Caring for Tuberculous patients." As president of the City Board of Health he praised the doctors for their co-operation. Without their aid and guidance many plans and theories had failed and only with their aid could ultimate success be expected. In replying to questions asked him, he explained many phases of the law. Such a hospital is not for paupers only. All persons violating its provisions will, after warning, be compelled to go there for treatment.

Freeholder David H. Johnson, chairman, spoke of the hospital committee on the civic efforts and accomplishments of the Board of Freeholders in meeting the requirements of the law. The board is making every effort to provide for the patients through the Atlantic County hospital and did not feel itself justified in bonding the county for \$50,000 at the present time.

Dr. Hatch, Vineland, said he felt the Freeholders did not realize the gravity of the case. There are enough patients in Landis Township alone to fill a county hospital. Vineland has been advertised as a health resort to such an extent that the large number of consumptives coming there had become a menace to the community. He felt the bonus offered by the State should be a sufficient inducement to obtain a hospital for the county.

#### ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

The County Society met Thursday evening, January 27th in combined business and scientific meeting, Dr. John F. Hagerty, president, occupied the chair. Dr. Haven Emerson, Commissioner of Health of New York City, made a noteworthy address on "Why the Private Practitioner is the Fundamental Public Health Officer" in which he struck a fine chord of harmony between public and private medicine and, in a manner strong in its modesty, appealed to the best sentiments in medicine, showing there is nothing detrimental to the doctor's welfare in the preventive measures of public administration.

Dr. David C. English, of New Brunswick, editor of the State Journal, was present and made some very pleasing remarks, complimentary on the work of our county, and urging still further efforts, mentioning increase of membership to the limit of possible names, while aware of the increase we made last year of 25%, to a total of 426, he asked, "Why not 500?" He hoped that they would come to the 150th anniversary next June 200 strong, reporting a membership of 500. Dr. Coit made a brief report for the Milk Committee; Dr. Fischer for the Public Health Education Committee, and Dr. Davidson for the Legislative Committee on the chiro-practic bill, the latest attempt of the uneducated to get with ease all the rights and honor of practice of medicine. The by-laws of the society were amended, in Article VI, making the council consist of eleven members, adding the reporter. The following five new members were elected: Drs. M. S.

Avidam, Samuel Hirschberg, Harry A. Lowenstein, Joseph A. Schramm and John Tidaback, all of Newark.

The Essex County Pathological and Anatomical Society held the regular monthly meeting Thursday evening, January 13th, presenting the following program:

1. Carcinoma of Testicle with post-mortem findings of Carcinomatosis, Drs. Murray and Gray;
2. Dermoid Cyst of Ovary, Drs. Harden and Gray;
3. Anomaly of Placenta, Dr. Berardinelli.

From the Pathological Laboratory of the City Hospital:

1. Pemphigus, with report of case, a preliminary report on some recent histological investigations, Dr. Wallhauser;
2. Cancer of Larynx, with demonstration of specimen, Dr. Van Ness;
3. Syphilis of Aorta, with gross and microscopic pathology and presentation of cases, Dr. Mikels (Path. Staff);
4. Papillary Cystic Goitre, with demonstration of specimen, Dr. Epstein;
5. Horse-shoe Kidney, with embryology and presentation of cases, Dr. Castile (Path. Staff);
6. Multiple Fractures occurring in Rachitis with Syphilis, Dr. Dowd (Chief Resident);
7. Tumors of Bladder, their classification, diagnosis and pathology, with presentation of unusual cases, Dr. O'Crowley;
8. Presentation of Pathological Specimens: tuberculous meningitis, gummatous meningitis, tuberculoma of cerebellum, hernia cerebri, cancer of stomach, etc., Dr. Martland.

The Academy of Medicine of Northern New Jersey has held section meetings during the past month as follows: The combined sections of Surgery and Gynecology and Obstetrics met Tuesday, December 28th with the following program: 1. Regular business of section. 2. Report of cases. 3. Symposium on tuberculosis: (a) Sociological features of tuberculosis (10 minutes), by Clarence V. R. Bumstead, M. D.; (b) Practical Demonstration of Physical Diagnosis of Early Pulmonary Tuberculosis, with demonstration of patients (45 minutes), by S. Adolphus Knopf, M. D., Prof. of Phthisiotherapy of the New York Post-Graduate Medical School and Hospital; (c) Joint and Spine Tuberculosis (10 minutes), by Charles E. Selvage, M. D.; (d) Some Surgical Phases of Tuberculosis (10 minutes), by August Adrian Strasser, M. D. The January meeting of these sections discussed the midwife problem and an interesting demonstration of improved conditions to come was indicated in the statement that eight women are under training at the Newark Maternity Hospital and were present at this meeting, making a favorable impression as reliable, intelligent practitioners of midwifery and, at least, bringing such practitioners, for once, publicly into co-operation with scientific medicine. Dr. Husserl read the paper and it was discussed by Dr. E. J. Ill and Dr. H. B. Kessler. A paper on "Chemical Surgery (Caustics) of the Breast," also was read by Dr. Chas. W. Strobell, of New York.

The Section on Pediatrics met January 5th, Dr. Rothseid reported a case of sudden death in a three-days-old from what autopsy revealed to be hemorrhagic rupture of the liver. Dr. Scott presented one of fracture of both humeri and both femora in a one-year old, with X-ray plates.

The Section on Eye, Ear, Nose and Throat on Monday, December 27th, had the following program: 1. Regular business of section. 2.

Report of cases. A case of bilateral sclerocorneal trephining for glaucoma, by Dr. J. Franklin Chattin, acute mastoiditis with epidural hemorrhage in a case of scurvy; spirillum of Vincent's angina in the secretion of the middle ear in a case of chronic otitis media, by Dr. Marcus Seidmann; accessory sinus supuration with orbital cellulitis, by Dr. Wallace Pyle; papillary pachydermia laryngis, by Dr. Wm. O'Gorman Quinby. 3. Paper: "Tuberculosis of the Upper Air Passages," by Dr. Geo. F. Sullivan.

At the January meeting of this section, Dr. Holmes reported a case of traumatic sinusitis of the antrum of highmore; Dr. Dias, one of pemphigus with the primary lesions in mucous membranes; Dr. Webner, one of detached retina. Dr. Corwin made some remarks on Canfield's operation on the antrum of highmore. Dr. Keim read a paper on "Intra-nasal Obstructions."

The Section on Medicine met Thursday, January 11th. The program consisted of a paper by Dr. Wallhauser on "Eczema," which was excellent in its breadth and finely illustrated with lantern slides which added much to a subject which needs illustrations. Dr. Horsford discussed the paper from the standpoint of internal medicine.

The stated meeting of the Academy, January 19th, was addressed by Dr. Ellis Bonine, of New York, lecturer on serum therapy at the Polyclinic. He read a paper (which is herewith forwarded for publication in the Journal), on "Tuberculin Therapy," outlining the details of his plan of tuberculin therapeutics. Discussion of the paper was general and included questions specific and theoretical on the phenomena of tuberculin reactions and uses.

The William Pierson Medical Library Association met Tuesday, January 18th, to hear a paper by Dr. Joseph Fraenkel, of Cornell University, New York, on "Organo-therapy."

The Newark Medical League met Monday, January 17th to hear a paper by Dr. A. A. Berg, of Mount Sinai Hospital, New York, on "The Surgical Treatment of Gastric and Duodenal Ulcer and Cancer," which was illustrated with lantern slides.

The Newark Anti-Tuberculosis Association held the following public meeting and exhibit on tuberculosis, Thursday, January 13th, at the Y. W. C. A. Building:

Dr. Theodore Teimer, chairman of the Tuberculosis Division of the Board of Health, presided.

M. Prichard von David, A. M., M. D., formerly of the Rontgen Departments of Harvard Medical School, Peter Bent Brigham Hospital, Boston, and Massachusetts State hospitals, who is now doing special work for the Newark Board of Education, gave an illustrated lecture on "The Rontgen Ray as an Aid in the Early Diagnosis of Tuberculosis."

The meeting was open to the public but doctors, nurses, social workers and teachers were especially invited.

A large exhibit was displayed particularly valuable to all interested in health work.

#### GLOUCESTER COUNTY.

H. A. Wilson, M. D., Reporter.

The annual meeting of the Gloucester County Medical Society was held at Paul's Hotel, Woodbury, January 20.



The following officers were elected for the ensuing year:

President, H. M. Fooder, Williamstown; vice-president, Charles S. Heritage, Glassboro; secretary and treasurer, George E. Reading, Woodbury; reporter, H. A. Wilson, Woodbury; delegate to Medical Society of New Jersey, J. Harris Underwood, Woodbury; censors, James Hunter, Jr., L. M. Halsey and H. A. Stout.

Dr. Alfred Heineberg, of Philadelphia, read a very instructive paper on "Tubal Pregnancy."

After considerable discussion of the epidemic of la grippe, its diagnosis and treatment, the society and guests adjourned for dinner.

### HUDSON COUNTY.

William Freile, M. D., F. A. C. S., Reporter.

On January 4th, 1916, the Hudson County Medical Society met at the Carteret Club, Jersey City.

Dr. Frank D. Gray bespoke the members' interest in the sixty-fifth annual dinner of the society, to be held on January 25th, 1916, at the Carteret Club. He assured them of a sufficiency of good music and eloquence.

The applications of Drs. J. Oscar, 493 Mercer street, and W. J. A. Schwarz, 334 Seventh street, Jersey City, were referred to the censors. Dr. Paul Andraee, 261 Bergen avenue, was elected to membership.

Dr. E. Klein, of Bayonne, gave a ten minute talk on "Laboratory and Clinical Technique of Intraspinal Therapy for Syphilis." He said he had found it very difficult to locate something about the origin and circulation of the spinal fluid. We suppose, of course, that it is secreted by the membranes in the cavities in which it is found. The principal diseases caused by syphilis of the nervous system to which intraspinal therapy has been applied, so far, are tabes and general paresis. The Swift-Ellis procedure as originally formulated, required a wait of an hour after the injection of the arsenical compound, before blood was withdrawn. He had adopted the modification by McCaskey, where the neosalvarsan is injected as usual, and after twenty minutes, enough blood is drawn to yield 12 to 20 c.c. of serum, to which an equal quantity of saline is added, and the mixture inactivated at 56° C for half an hour. It is then injected into the spinal canal, first withdrawing a like amount of spinal fluid, and elevating the bed for 8 to 24 hours, so that the serum may be well mixed with the spinal fluid.

He then spoke of the mercurialized serum introduced by Dr. Byrne of Baltimore, which was based on the fact that albuminate of mercury was known to be a very unstable product, and when properly prepared would be suitable for spinal injection. In this method, the blood is withdrawn, and for every c.c. of serum there is added one cubic centimeter of solution of bichloride of mercury containing 1/50 gr. to each c.c. This mixture is then inactivated, and enough saline added to make 30 c.c. The spinal fluid is next withdrawn and the injection made in the spinal canal. With both these methods he had very favorable results. These methods seem complicated and slow to the patients and there is sometimes difficulty in keeping them under treatment. Furthermore the subsequent reaction is sometimes quite severe—high temperature, muscular

tremors, vomiting, pain in the lower extremities, which is rather resistant to treatment. It was surmised that this scheme of introducing the serum with the chemical substance and with saline would provoke less reaction and consequently be less dangerous than injecting salvarsan directly into the spinal canal. It is surely less risky and the aftermath is less, but there is frequently a reaction and while the patients do not mind the injections, they do not relish the subsequent pain and reaction. As a rule about 30 c.c. of spinal fluid is withdrawn and no special attention paid to blood pressure.

He mentioned the importance of early diagnosis in these cases and as the cell count was often variable, the ordinary methods were not always reliable. As the mercurialized serum does not give any worse reaction than the salvarsanized serum, and as the dose in the latter is very small, the mercurialized serum would seem to be logical application. Swift has recently mentioned that the reaction is the reaction of the injection of anti-syphilitic bodies, that these stimulate the reaction and do some good.

Dr. Geo. H. Sexsmith detailed some cases of inherited eczema, which had resisted divers treatments, until he turned them over to Dr. Klein, who in answer to Dr. Sexsmith's question as to his treatment, answered that we should not assume that this method was a panacea for all ills, but his feeling in these cases of Dr. Sexsmith's was that these persons must have been manufacturing antibodies from their eczematous conditions. He had withdrawn 50 c.c. blood and allowed it to clot; then inactivated the serum and injected intravenously; thus furnishing further antibodies which seemed to be sufficient to enable these individuals to overcome their infection. As in bone work the best results came from autogenous grafts, so the autogenous serum promised a great deal, as it stimulated the formation of antibodies, similar to the action of antitoxin in diphtheria.

Dr. I. H. Franklin read a paper on "Transfusion," in which he described the various methods previously used, and the more recent one of Unger; he exhibited drawings showing this procedure, and showed charts illustrating the results in five cases.

This paper we hope to publish in its usual sequence. An active discussion followed the reading, and Dr. F. D. Gray announced that he was much interested in transfusion as he believed he had first performed the direct method in this country five years ago, and then had four subsequent cases in that one year. He had used Brewer's tubes and Elsberg's canula, and while they were both practical, there were some objections, for instance, the difficulty in bringing the arms of donor and recipient together, without exposing a considerable length of vein and artery; the trouble in getting an even paraffin coating, although he detailed a method by which this last mentioned objection could be overcome. All these methods required some surgical skill, and were now superseded by some of the syringe types. He described some of the cases which he had transfused, and stated the results. One, he deemed worthy of note—a girl with purpuric manifestations, who had her first menstruation at thir-

teen, and almost died; her mother acted as donor—this was before the days of hemolysis. A year after, she had another transfusion done in a New York hospital, and later died. He believed that even if we do know the exact quantity of blood that is being transfused, we should watch the symptoms and keep track of the physical signs of the heart.

Dr. William Freile mentioned that the time element in these cases needing transfusion, was often important, and a donor not often available. He spoke of good results from the use of Hogan's Colloidal Solution, mixed with normal saline and injected intravenously.

Dr. C. J. Larkey explained the action of this solution; he showed that saline only gives temporary results, as it does not remain long in the blood vessels and is promptly absorbed by the tissues, whereas the colloid solution does remain in the vessels.

Dr. Louis Franklin referred to transfusion as often making a very poor surgical risk a reasonable one and thereby saving life.

Dr. Henry Spence spoke of the uncertainty of the fate of transfused blood, and recalled the disputes as to whether it is taken up as blood or fluid.

#### MERCER COUNTY.

Irvine F. P. Turner, M. D., Reporter.

The regular December meeting of the Mercer County Medical Society was held at the City Hall, Dr. W. A. Taylor, our president, in the chair.

The topic for the evening, "Conservation of Vision," by Dr. C. F. Adams, proved very interesting and was discussed by a number of the members present. The following were elected for the ensuing year: President, Horace D. Bellis; vice-president, E. B. Funkhouser; secretary, Samuel Sica; treasurer, I. M. Shepherd.

#### January Meeting.

The January meeting of the Mercer County Medical Society was held on the evening of the 4th inst., at 8.30 P. M., at the City Hall, Dr. Horace D. Bellis, the president, presiding.

The following cases were presented:

1. A case of miliary tuberculosis by Dr. W. A. Taylor, 2. Intra Capsular Fracture of the Femur by Dr. F. G. Scammell, 3. Care of Traumatic Rupture of the Small Intestine by Dr. S. Sica, 4. Care of Ilio-Colitis by Dr. H. D. Williams.

#### MONMOUTH COUNTY.

Brayton E. Failing, M. D., Reporter.

The Monmouth County Medical Society held its annual meeting at the Monmouth House, Freehold, on December 21st, at noon. The following officers were elected for the ensuing year: President, Dr. Edwin Field, Red Bank; vice-president, Dr. D. E. Roberts, Keyport; secretary, Dr. L. D. Wise, Long Branch; treasurer, Dr. Wm. A. Robinson, Ocean Grove; reporter, Dr. B. E. Failing, Atlantic Highlands; annual delegates to State Society, Drs. H. S. Brown, Freehold, and H. B. Slocum, Long Branch; censor, Dr. W. W. Beveridge, Asbury Park. Dr. E. A. Scott, of Asbury Park, withdrew his membership to be transferred to New York State, and Dr. L. L. Leonard, of Ocean Grove, was elected a member by transfer from

the Washington County Medical Society of Vermont.

On July 24th this society will have its 100th birthday, and the original minutes of the first meeting, which was held in New Brunswick 100 years ago, were read by Dr. Field, from the minute book which is owned by the society.

There will be a bill presented to the State Legislature that practitioners may not be compelled to disclose professional statements made by patients to their doctors, and also a bill to revoke the license of a practitioner who has been convicted of producing a criminal abortion.

Dr. E. M. Beach, the retiring president, read a very interesting and instructive paper on "Diagnosis," comparing modern methods with those of bygone days.

#### PASSAIC COUNTY.

William Veenstra, M. D., Reporter.

The regular meeting of the Passaic County Medical Society was held on Tuesday evening, October 15, 1915, in the Braun Building, Paterson, Dr. Rogers presiding. Twenty members were present. Dr. Jos. Collins, of New York, and Dr. Mills, of Paterson, were guests of the society.

The paper of the evening was read by Dr. Joseph Collins, of New York, who gave a most comprehensive and interesting address upon syphilis. Dr. Collins spoke of its interest on the anniversary, of the discovery of America as the sailors of Columbus' ships were responsible for the dissemination of syphilis in Europe. The name syphilis was first given by a poet and until a few years ago was considered but another variety of gonorrhea and chancroid. Dr. Collins outlined the history of the European invasion following the French attempt by the soldiers of Charles VIII. to conquer Italy. Immediately after the war in 1494 syphilis was epidemic in Europe, exceeding all epidemics by the fury of its onset and its high mortality and morbidity. The speaker then outlined the progress in the knowledge of the disease, including the discovery, by Schondheim, of the Spirochaeta Pallida, the application of Wassermann reaction. He also spoke of the futility of attempting to kill the spirochaeta with the iodides. He also warned against the use of mercury in insufficient doses, he considered the only efficacious methods of administration were intra-muscular injection or inunction and given up to the point of salivation. These in conjunction with salvarsan were the best methods to date.

The subject was discussed by Drs. Surnamer, Mitchell, Magennis and Maclay and closed by Dr. Collins.

The president announced the committee on Public Health and Legislation for the ensuing year as follows: Dr. Wm. Neer, chairman; Dr. H. Cogan and Dr. W. Whalen.

#### November Meeting.

The regular meeting of the Passaic County Medical Society was held in the Braun Building, Paterson, Tuesday evening November 9, 1915. The president, Dr. B. H. Rogers, presided. Thirty-nine members were present and Dr. Wellington was a guest.

Dr. C. R. Mitchell exhibited a patient with carcinoma of the tongue, treated with two ex-



posures of radium at the Cene Memorial Hospital of New York. The tumor showed a most marked improvement.

Dr. J. Roemer exhibited a X-ray plate and gave the history of a case of which he made a diagnosis of syphilitic aneurysm of the aorta and also read a short paper on this condition. The paper was then discussed by Drs. Whalen, Coan, Maclay, Flitcroft, Mitchell and Spickers.

Dr. G. E. Tuers presented a paper relating his experiences with the use of vaccines in the treatment of pertussis in private and hospital practice, basing his conclusion on 18 cases. He was favorably impressed with the vaccine and believed it assisted in the cure of the majority of his cases. The paper was discussed by Drs. Flitcroft, Johnson, Ryan, Hagen and Spickers.

Dr. E. J. Marsh read an excellent paper on the discussions of the specialist problem illustrating his views as to what a specialist was and should be, his general and special education, his relationship to the profession and to the public. The paper was discussed by Drs. Hagen, Yates, Johnson and Flitcroft.

The president asked for a report from the Legislative Committee and in the absence of Dr. Neer, Dr. Cogan reported on a Riker case, which was discussed by Drs. Rogers, Cogan, Whalen, Marsh, Flood, Harris, Maclay and Yates.

#### December Meeting.

The regular meeting of the Passaic County Medical Society was held in the Braun Building, Tuesday evening, December 14, 1915. Dr. B. H. Rogers presided. There were 33 members present and three guests—Drs. Wellington, Coats and De Pan.

Drs. H. Cogan and Wm. Neer presented a case that had been variously diagnosed during life, that at autopsy showed a large diaphragmatic hernia. The paper was discussed by Drs. McCoy, Maclay, Dingman and Curtis.

Dr. J. C. McCoy presented a patient showing the reformation of a hip joint following a dislocation and fracture. Discussed by Drs. Spikers, Curtis, Dingman and Maclay.

Dr. T. A. Dingman reported and exhibited a series of kidney and bladder cases as follows: (a) Partial cystectomy for tumor of the bladder; (b) nephrectomy for hydronephrosis; (c) secondary nephrectomy for pyonephrosis; (d) nephrectomy for pyelonephritis with puerperal sepsis and mania; (e) prostatectomy for hypertrophy of the prostate. Discussed by Drs. McCoy and Curtis.

Dr. J. A. Maclay reported a case of malingering with its medico-legal aspects.

Dr. McCoy reported his experience with the Beebe treatment of cancer and condemned the whole thing as being worthless.

Dr. Wm. Neer gave a lengthy report of the Legislative Committee's activity and on motion a copy of this report was directed to be sent every member of the society before the next meeting.

Dr. J. S. Yates was appointed a committee of one to purchase a suitable reading lamp and stand.

Dr. Rogers announced that Jacob Veenstra had been retained as counsel of the society.

The application of Dr. G. C. Coats was referred to the Board of Censors.

#### January, 1916, Meeting.

The regular meeting of the Passaic County Medical Society was held in the Braun Building, Paterson, N. J., Tuesday evening, January 11, 1916. Dr. B. H. Rogers presided. Thirty-three members were present. Present as guests of this society were Dr. Headlee, State entomologist; Dr. R. H. Hunt, Essex County Mosquito Commission; Mr. Remohl, chief inspector to the Mosquito Commission of Passaic County; Drs. Wellington and Wishnack, of Paterson, and the society counsel, Jacob Veenstra.

The Board of Censors having reported favorably upon the application of Dr. G. C. Coats, of Paterson, he was balloted upon and elected to membership.

The address of the evening was made by Dr. J. T. Headlee and was illustrated by lantern slides. The title was "The Mosquito Problem in Passaic County." Dr. Headlee outlined the problem of the salt marsh mosquito and showed how the sea coast counties of New Jersey must drain their marshes and provide channels for tide waters, to allow the killie fish or natural enemy of the marsh mosquito to gain access and destroy the wrigglers. These mosquitoes were carried by winds, of low velocity, usually north and northeast, hence Bergen County was responsible for the salt marsh mosquito in this district. The malaria carrier or anopheles, the woodland, marsh and the household mosquito were all described and the method of prevention as carried out by the commission were illustrated and explained. Dr. Headlee showed that the mosquito problem last year in this county was insignificant until the month of August, following six inches of rainfall causing the pools and flat boggy lands, especially in the southern part of the city of Paterson, to be flooded. Following this period there was an enormous production of the mosquito in this county and they increased faster than the inspectors could apply remedial measures. This exacerbation of mosquito growth had stimulated the press and public against further expenditure of money for extermination. Dr. Headlee said that his bureau did not gain in any way from money appropriated for the work. There was no gain to any one except those men who were actually employed, the mosquito commission working for nothing except the gratification of their sense of public duty. The future of the work in this county was trembling in the balance because public sentiment and the press were unquestionably against it and unless something was done, the work will for the present end here and will only be resumed in four or five years, when its advantage is seen in other counties.

Drs. Shapiro and Cogan spoke of their knowledge of the inspectors loafing on the work and turning in false reports. The discussion was opened by Dr. Hunt of the mosquito commission of Essex County, who was a most enthusiastic advocate of systematic attempts for extermination. Remarks were made by Drs. Stewart, Terhune, Marsh and Chief Inspector Remohl.

For the presentation of this matter the society tendered a vote of thanks to Dr. Headlee and his colleagues.

The following resolution was introduced by Dr. E. J. Marsh and was adopted:

Moved that the work of the mosquito extermination commission be endorsed:

That the committee on legislation be instructed to take any necessary action to prevent weakening of anti-mosquito legislation;

That the secretary requests the chairman of the legislative committee of the State Medical Society to work to the same end;

And that this action be communicated to the public press of Passaic County.

Dr. Wm. Neer presented a report of the legislative committee showing that they had collected evidence against twenty offenders. He also showed that the incorporation of the society was necessary to participate in its share of the fines imposed on offenders.

The counsel of the society—Jacob Veenstra—spoke at some length upon the advantages of incorporating. The question was discussed by Drs. Cox, Yates, Magennis, Spickers and Mitchell.

On motion of Dr. Wm. Neer the following resolutions were adopted:

Resolved, That the Passaic County Medical Society become incorporated under an act of the Legislature of the State of New Jersey, entitled "An act to incorporate associations not for pecuniary profit," approved April 22, 1898, and the several supplements thereto, and acts amendatory thereof;

Further Resolved, That the members of the executive council of this society, namely Drs. Benjamin H. Rogers, Charles R. Mitchell, Charles Murn, Rush Neer and Henry H. Lucas, all of whom are now members of this society in good standing, be and they hereto are elected to be trustees for this society;

Further Resolved, That the officers and members of this society, who are now present at this meeting, be and they hereby are authorized to incorporate this society under the act hereinbefore referred to, by signing the certificate of incorporation of this society in the form presented at this meeting.

## Local Medical Societies.

### Practitioners' Society of Eastern Monmouth.

Stanley H. Nichols, M. D., Secretary.

The regular meeting of the Society was held at the Monmouth Memorial Hospital, Long Branch, on the evening of December 9, 1915. Dr. H. B. Slocum, president of the Society in the chair. After the roll call and minutes were read, Dr. F. G. Angeny, of Avon, read a very able and practical paper on "Fractures of the Elbow Joint." He discussed the various fractures at and about the joint concisely as to causation, differential diagnosis, and the various treatments of each with advantages and disadvantages of each. Also the complications and prognoses of each variety. Dr. D. E. Roberts, of Keyport, opened the discussion and reported 12 cases and the subject was discussed and cases reported with types of treatment and results by Drs. R. S. Bennett, W. A. Robinson, R. B. Wilson, George F. Baker, B. E. Failing, P. P. Rafferty, H. B. Slocum, after which Dr. F. G. Angeny answered several questions in closing the discussion.

Under case reports, Dr. S. H. Nichols reported in detail a case of brain tumor in the occipital cortex with operation and results.

Drs. W. A. Robinson and B. E. Failing each reported a case of chronic mucus diarrhoea in persons over 50 who had never visited the South, cured by emetine. Dr. Robinson also reported a case in which a tumor of the gums proved to be a cyst connected with the antrum.

Dr. R. S. Bennett reported an anomaly of labor. Dr. W. K. Campbell reported a case of complete closure of the right naso-pharyngeal opening by a congenital ostosis of the vomer bone.

Dr. R. B. Wilson reported a case of antrum disease caused by an impacted wisdom tooth.

### Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Thursday, December 30, 1915, at 8.30 P. M., Dr. T. W. Bebout entertaining and presiding.

The following members were present: Drs. Bebout, Campbell, English, Jaquith, Keeney, Krauss, Lamson, Lawrence, Moister, Pollard, Prout, Tweddell and Wolfe, and the following as guests of the society: Drs. O'Reilly, of Summit, and Becker, Douglass and Vaughn, of Morristown.

The paper of the evening was read by Dr. T. N. Gray, of East Orange, on "Tuberculin Treatment." He emphasized the economic loss caused by tuberculosis by citing the case of the city of Newark, where there is a yearly average of 1,500 cases, which by reason of illness are deprived of an average wage of \$600 each, or a total of \$900,000 per year.

When tuberculin was first introduced as a therapeutic measure it fell into disrepute rapidly on account of the bad results obtained through overdosage and improper application. Intelligently used, however, and with the full realization that it is not a cure-all, but an adjuvant to hygienic measures, it has a very decided value. Careful technique must be employed, having regard to the local, focal and constitutional symptoms. Dr. Gray described in detail technique which he had worked out and is employing with very gratifying results in his work with tubercular cases. In mixed infections the particular germ causing the pyrexia should be attacked with vaccine therapy before beginning the use of tuberculin. In surgical tuberculosis it is important to overcome the toxicity with tuberculin before operating. The danger of spreading the infection from the tuberculous focus is very great.

Dr. Gray presented two cases, both beginning with hemorrhage in which the use of tuberculin, though contrary to the usually accepted treatment, had produced an arrest in the disease and enabled the patients to resume their usual work.

The paper was discussed by Drs. Prout, Lawrence and others, Dr. Lawrence taking up particularly the subject of surgical tuberculosis and artificial pneumothorax.

Late matter received requiring prompt insertion, compels us to defer two other society reports until next month.—Editor.

### Visiting Nurses' Association, Orange Valley.

The association now has a memorial nurse. A fund has been established in memory of Mrs. Isabel F. Pierson, widow of Dr. Wm. Pierson.



# THE JOURNAL

OF THE

## Medical Society of New Jersey

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FEBRUARY, 1916.

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,  
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

AUGUST A. STRASSER, M. D., Arlington, N. J.

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We call the attention of our members to Bulletin No. 1 on page 104.

### IMPORTANT NOTICES.

There will be a meeting of the

### BOARD OF TRUSTEES

of the Medical Society of New Jersey in the rooms of the Academy of Medicine of Northern New Jersey, 665 Broad street, Newark, on Wednesday, February 16, 1916, at 3 o'clock P. M. A full attendance is earnestly requested.

John W. Ward, Ch'm.  
D. C. English, Secretary.

The Committee on 150th anniversary will meet at same place, same day at 1.30 P. M. sharp.

To the Medical Profession of the State of New Jersey:

With eighty per cent. of our cancer cases inoperable and a much smaller per cent. responding to the test of radical cure, is it to be wondered that the medical profession catches at the floating straw of hope? Is it not the duty of us all with full knowledge of our incomplete work in malignant cases to let every new fad which seems plausible have full trial before it be condemned?

In the early spring I was impressed with the effect of the so-called "Beebe treatment." There seemed to be, after the treatment had been carried on for a while,

some change in the malignant structures. This gave hope, and on this hope I made public statements. These statements have been translated into a belief and a confidence, which is but natural.

But now, some nine months since I first began to observe the effect of the injections, I have to report that all my patients but one have been buried, that my confidence has ceased, and that I am now looking for another floating straw.

Yours very truly,

G. K. Dickinson.

### HAVE YOU PAID YOUR 1915 DUES? IF NOT SEND THEM TO YOUR COUNTY SOCIETY TREASURER AT ONCE!

BABY WEEK, MARCH 4-11, 1916.

The State Federation of Women's Clubs has organized a State-wide campaign to arouse interest in the direction of Infant Mortality by means of a "Baby Week" celebration March 4-11, 1916.

Women's Clubs are asking the co-operation of the county medical societies and they have already been promised the active co-operation of the State Department of Health through its recently-organized Department of Children's Welfare and Nursing.

The following communication from our president, Dr. William J. Chandler, we are glad to insert:

### "BABY NEEDS" WEEK.

The State Federation of Women's Clubs is organizing a Statewide campaign to arouse interest in the reduction of infant mortality by means of a "Baby's Needs" celebration, March 4th to 11th, 1916.

These plans are a part of a comprehensive system of Public Health Education which the Health Department of the General Federation of Women's Clubs, the National Children's Bureau, the American Medical Association and the New Jersey State Board of Health heartily endorse.

The purpose of a Baby Week in a community is primarily educational. It gives the parents of a community an opportunity of learning the facts with regard to the care of their babies and it also brings home to everyone in the community the importance of the babies, the facts relating to the babies of that special section, and the need of permanent work for their welfare.

It is earnestly desired that each county medical society in this State should take steps to arrange for a "Baby's Week." If necessary outside lecturers can be obtained

by communication with Dr. Ellen B. Smith, Salem, N. J. Among the lecturers are Drs. Maria M. Vinton, 15 Halsted pl., East Orange, N. J.; Dr. Emma C. Clark, Dover, N. J.; Dr. Gertrude A. Walker, 516 Stock Exchange Building, Philadelphia, Pa.; Dr. Armin Fischer, 42 Sixteenth avenue, Newark, N. J., and others.

We trust that the secretaries of our county societies will bestir themselves to arrange for a proper celebration of "Baby's Week" in the various communities of this State.

WM. J. CHANDLER, Pres.

We take the following from the Newark Evening News of December 27, 1915:

**Baby Week**—Universal interest is being aroused in the "Nation Wide Baby Week" project, the State Department of Health recently accepting an invitation from the New Jersey Federation of Women's Clubs to co-operate with that organization in the celebration of Baby Week, during the week of March 4 to 11, which is the date set aside for national observance of this all important question—the saving of child life.

The abnormal amount of infantile sickness and death, much of which is preventable, brought about the joining of the Federal Children's Bureau and the General Federation of Women's Clubs, in an educational movement intended to furnish parents with knowledge necessary to enable them to care properly for the little ones, both before birth and afterward.

The first Baby Week was held in Chicago, after the need for such a campaign was demonstrated by statistics issued by the Chicago School of Sanitary Instruction. It was discovered that out of 75,476 children there were 45,176 ailing, and, though the parents of 35,425 children were advised of proper treatment less than one-half responded.

Each community will have its individual Baby Week, the women's clubs using their initiative as to the style of exhibition, lectures and illustrations; being, however, furnished with data as to where co-operation is available.

It is earnestly hoped that the influence of Baby Week will extend over every week in the year and every year to come, and that the wee, helpless ones will be given their chance, which is their birth right, to become healthy, happy men and women, and that they may not die needlessly, as is now the case in almost every city.

On the grown folk rests the responsibility for cultivating the life that is God given.

The Jennings County (Indiana) Medical Society has raised its dues with a view to securing money to fight medical quacks and pretenders. If every county medical society in the State would follow the example and put forth a united effort to stamp out quackery it would not be six months before the State would be purged of a horde of medical imposters who illegitimately profit by the ills of humanity.

The Reading, Pa., Medical Society recently dedicated its beautiful new home and library. In connection with this we are reminded that 2,015 will witness the dedication of the new home of the Cincinnati Academy of Medicine.

HENRY GENET TAYLOR, M. D.

It is with the deepest regret and sorrow that we record the death of Dr. H. Genet Taylor, a Fellow of our State Society—president in 1888-9, who died at his home in Camden, N. J., January 14, 1916, in the 79th year of his age. He was invariably present at the annual meeting, deeply interested and active in its proceeding until the last two years when impaired health compelled him to forego that duty which had ever been his delight, but while absent in body we received each year his message full of love for the Society and kindly greetings to its members.

Dr. Taylor may be said to have been the father of this Journal, as he was the first to suggest and urge its issuance—in his presidential address in 1889. Though the recommendation was not then adopted, his continued advocacy each year secured a decisive victory in 1904 and the first number of the Journal of the Medical Society of New Jersey appeared in September of that year. It has had no more loyal supporter than Dr. Taylor.

We call attention to the deserved tribute of his brethren of the Camden County Medical Society on page 98. The editor of this Journal counted it his sad privilege to pay in his last tribute of respect to his memory at the funeral service and deems it sufficient to say that Dr. Taylor was a Christian gentleman, an able physician and surgeon, faithful in all the relations of life, a true friend and a brother practitioner beloved.

#### AMERICAN COLLEGE OF SURGEONS.

As noted elsewhere in this issue of our Journal this institution has begun the new year with an announcement that it has secured from its Fellows an endowment of \$500,000, the income only of which sum is to be used to advance the purposes of the college.

This one fact shows that the surgeons of America believe there is need of advancement in the science and especially in the art of surgery and are earnestly en-



deavoring to meet that need in a practical way.

The college is not a teaching institution, but rather a society or a college in the original sense. It has 3,400 fellows. Primarily it is concerned in the training of surgeons and its announced motive is for better service to the patients. Its ideals find expression along the lines of activity set forth in the following outline:

1. Since the whole problem of the training of specialists for the practice of surgery is the primary purpose of the college, the regents propose at an early date to present a clear conception of the college to the undergraduate medical students of this continent. The regents, further, will ask each senior student of this group who has in mind to specialize in general surgery or any branch of surgery to register with the college. As these students, then, serve later as internes and as surgical assistants, they will be requested to report these facts to the college. The college, in turn, will systematically seek information as to the ability and character of such men; and the information thus obtained becomes the basis of admission to fellowship in the college. In addition to this procedure, the regents will insist upon the proper keeping of case histories, and they will endeavor to stimulate in these men in training right ideals of medical practice.

2. Inasmuch as proper training in surgery is inseparably involved with the conduct and efficiency of hospitals, the college will seek accurate data on all matters which relate to hospitals. From time to time it will publish studies upon hospital problems, the purpose being always to be helpful to the hospitals. These publications, further, will inform recent medical graduates as to where they may seek adequate general or special training in surgery. To be concrete the college will deal with such problems as (a) the proper equipment for medical diagnosis, e. g., well equipped laboratories for chemical, pathological, and X-ray work; (b) the proper forms for case histories and the facilities for keeping these records; (c) the management and the curricula of the nurses' training schools; (d) the specialization essential in any well-organized hospital.

3. The college will ask the faculties of medical schools to consider the advisability of conferring a supplementary degree of proficiency in general surgery and in the various specialties of surgery.

4. The college will issue readable monographs, educational in nature, to the press, to the general public, to hospital trustees, and to the profession of medicine upon subjects of medical procedure and the whole meaning of fitness to practice surgery.

The Fellows of the College resident in New York and within a radius of 50 miles of that city are completing a local organization, Dr. G. K. Dickinson representing New Jersey on the Committee.

In the next issue of the Journal will appear Dr. Linn Emerson's paper on "The

Future of the Medical Profession"; Dr. H. J. Spaulding's paper on "Heliotherapy"; Dr. E. Reissman's paper on "The Status of the Roentgenologist," and Dr. E. A. Y. Schellenger's annual address before the Camden County Medical Society.

Forgetfulness or other excuse for delay in paying dues promptly, is generally inexcusable and the delay is a great injustice to county society officers—secretary and treasurer. They serve without pay and should not be burdened with unnecessary work. Generally a check, or cash, can and should be sent immediately after receiving the bill. Nor should the society be put to the expense of needless reminders to delinquents that their dues have not been paid.

We again remind those who delay that their names are liable to be left out of the Official List and they are classed in that case, as dropped or delinquent members. The dues are payable January 1st and for more than a month a large number have not been justly entitled to Medical Defense by the Society if suit has been entered against them for malpractice.

It was the editor's great pleasure to accept the hospitality of Dr. J. F. Hagerty, president of the Essex County Medical Society and to attend the meeting of the society recently. Dr. Hazen Emerson's address, referred to in the county society report, on page 83, was a masterly one and was intensely practical. It was our privilege to refer to the good work that society is doing and especially that which some of its leading men are doing in health work, as Dr. Coit's for pure milk; Dr. Gray for the tuberculous, Dr. Levy for the babies, Dr. Hunt in mosquito extermination work, Drs. Vinton, Ill and others in educating the public on the great work of preventive medicine.

## CORRESPONDENCE.

### American First Aid Conference.

Baltimore, Md., Jan. 20, 1916.

To Dr. D. C. English, Editor:

At the last meeting of the National Board of First Aid Standardization in Washington, a resolution was passed requesting the committees of the State Medical Societies to make their reports to the secretary of the American First Aid Conference, who will forward such reports to the Board of Standardization. The Board of Standardization recently appointed by the President of the United States is as follows:

Dr. Richard H. Hante, Philadelphia, chairman, representing the American Surgical As-

sociation; Assistant Surgeon General W. C. Rucker, secretary, representing the U. S. Public Health Service; Dr. J. Shelton Horsely, Richmond, Va., representing the American Medical Association (Surgical Section); Dr. Samuel C. Plummer, Chicago, Ill., representing the American Association of Railway Surgeons; Dr. John P. Kaster, Topeka, Kansas, representing the Association of Railway Chief Surgeons; Major Robert U. Patterson, Medical Corps, U. S. A., representing the War Department and the American Red Cross; Surgeon A. M. Fauntleroy, U. S. Naval Medical School, representing the Navy Department; Colonel Louis A. LaGarde, U. S. A., retired, representing the War Department.

I plan from time to time to send your Journal items of interest in regard to the first aid survey, and I hope to stimulate among the profession in your State the writing of some special articles on first aid, which I trust you will publish in your Journal.

I would appreciate a copy of your Journal in which items of interest on first aid are published.

Very sincerely yours,  
JOSEPH C. BLOODGOOD,  
Secretary A. F. A. C.

## Miscellaneous Items.

### Academy of Medicine of Northern New Jersey.

The stated meeting will be held on February 9th at 8.45 P. M. Election of members. Paper will be announced by postal later.

Section on Pediatrics, February 2, at 4.15 P. M. Clinical meeting, report and presentation of cases.

Section on Medicine, February 8, at 8.45 P. M. Papers: (1) "Care and Prevention of Mental Afflictions," Dr. Guy Payne; (2) "Demonstration of Binet-Simon Test," Dr. George W. Davies; (3) "Alcoholic Psychosis," Dr. Earl H. Snively; (4) "Dementia Precox," Dr. Henry G. Smith.

Section on Surgery, Obstetrics and Gynecology, February 24, at 8.45 P. M. Symposium on traumatic injuries: Injuries of the Head, by Dr. Frank D. Gray, discussion by Dr. W. D. Miningham; Injuries of the Thorax, by Dr. John C. McCoy, discussion by Dr. Sandford Ferris; Injuries of the Abdomen, by Dr. Francis R. Haussling, discussion by Dr. W. H. McKenzie; Injuries of the Extremities, by Dr. Samuel E. Robertson, discussion by Dr. H. H. Satchwell.

Section on Eye, Ear, Nose and Throat, February 28, at 8.45 P. M. Report on cases. Paper to be announced later by postal card.

### Congress on Medical Education, Public Health and Medical Licensure.

This Congress will meet at Congress Hall, Chicago, Ill., on February 7 and 8, 1916. It will be participated in by the Councils on Medical Education and on Health and Public Instruction of the American Medical Association, the Federation of State Medical Boards of the United States and the Association of American Medical Colleges.

There will be a large number of distinguished speakers, including Drs. W. L. Rodman and Rupert Blue, president and president-elect of

the A. M. A.; ex-President V. C. Vaughan, A. M. A.; Drs. L. F. Barker, S. G. Dixon, J. N. Hurty, M. P. Ravenel, Frank Billings and others.

### Alienists and Neurologists' Convention.

Governor Fielder has appointed the following to represent New Jersey at the convention which is to be held in Chicago, Ill., next June: Commissioner Richard Stockton, of the Department of Charities and Corrections; Dr. Henry A. Cotton, medical superintendent of the State Hospital in Trenton; Dr. David F. Weeks, medical superintendent of the New Jersey Village for Epileptics; Dr. Britton D. Evans, of the Morris Plains Hospital; Dr. E. R. Johnston, of Vineland, and Dr. M. A. Hallowell, of Vineland.

### Tri-State Mosquito Extermination Committee.

Organization of the Interstate Mosquito Extermination Committee, composed of representatives of New Jersey, Connecticut, New York City and Westchester, Nassau and Suffolk counties, New York, was effected January 12 at a meeting in the department of health building, 139 Center street, New York. Dr. Haven Emerson, health commissioner of New York, heads the committee. New Jersey was represented by Dr. Ralph H. Hunt, president of the New Jersey Mosquito Extermination Association, and chairman of the Essex County Mosquito Commission, and by Dr. Thomas J. Headlee, State entomologist.

**Sterilization of Feeble-Minded.**—Operations for sterilization, the first under the new Wisconsin law, were performed recently on ten male inmates whose ages ranged from fifteen to thirty years at the Wisconsin State Home for the Feeble-Minded, Chippewa Falls.

### PERSONAL DIAGNOSIS NECESSARY FOR NARCOTIC PRESCRIPTIONS

#### United States Court Hands Down Important Construction of the Harrison Law.

Medicines containing cocaine or its derivatives cannot be dispensed through a mail-order business. United States District Judge Sater held December 4, in a decision which will be far reaching in its influence on the operation of the Harrison anti-narcotic law.

The decision was in the injunction suit of the Dr. Nathan Tucker Asthma Specific Company, of Mt. Gilead, brought individually by Dr. Tucker and Dr. W. B. Robinson, also of the company, to enjoin Internal Revenue Collector B. E. Williamson from seizing their plant and from furnishing information to District Attorney Stuart R. Bolin and Deputy James N. Hengst, with view to bringing criminal prosecution.

The Court sustained the District Attorney's motion to dismiss the suit. Judge Sater at first said he would issue an injunction restraining the Internal Revenue Collector from seizing the plant, but would refuse the other injunction asked for. District Attorney Bolin and Collector Williamson each asserted then that it had never been the intention to seize the plant, whereupon the Court sustained the motion to dismiss in its entirety.

The substance of Judge Sater's decision is



that medicines containing cocaine can be prescribed only by physicians after a personal examination of the patient and personal attendance upon him, and that Congress has the right to set its own standards for the physicians who shall be permitted to prescribe cocaine. Drs. Tucker and Robinson are registered physicians under the Ohio laws, but, according to Judge Sater, are not permitted thereby to prescribe narcotic medicines without examining the patient. The fundamental requirement is personal diagnosis of every case for which a narcotic prescription is made.

#### Cannot Renew by Number.

Writing renewals of narcotic prescriptions merely by indicating thereon the druggist's serial number no longer will be permitted, according to a new ruling of United States treasury department. In the past, physicians have been allowed, inasmuch as no ruling had been made, to renew prescriptions for drugs coming under the scope of the Harrison anti-narcotic law by adding the druggist's serial number given him at the time of his registration.

Hereafter, the name and address of the patient, the names and quantities of all the ingredients and the full name, address and the United States registry number of the physician must appear on each prescription for narcotic drugs.

#### Kansas Anti-Fee-Splitting Bill Passed.

We print below the full text of the bill against fee-splitting which was introduced in the Senate and was passed by both houses, and as soon as it has been signed by the governor will become a law.

Be it enacted by the legislature of the State of Kansas:

Sec. 1.—It shall be unlawful for any physician or surgeon to pay or offer to pay any other physician or surgeon or to any person in his behalf, either directly or indirectly, any fee, money or thing of value of any kind in consideration of such other physician's or surgeon's bringing to him, or agreeing or promising to bring to him, for treatment, any patient, assisting to treat or operate upon any such patient so sent, or advising or agreeing, promising or proposing to advise any patient to consult him, or assisting to treat or operate upon any patient so advised; and it shall be unlawful for any physician or surgeon who shall have sent or shall propose to send to another physician or surgeon any patient, or who shall have advised or promised or proposed to advise any patient or patients to go or to consult such other physician or surgeon, to demand, collect or receive any fee, money or thing of value of any kind, either directly or indirectly, therefor, or for assisting to treat or operate upon any patient so sent or advised; provided, however, that it shall not be unlawful for such physicians or surgeons to pay or receive such fee, money or value where full disclosure as to the amount to be paid and received shall have been made to the patient or person liable for the fees to be charged for the treatment of such patient before such patient or person shall have paid or agreed upon the amount of the fees to be paid by them.

Sec. 2.—Any person who shall violate any of the provisions of this act shall be deemed guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than

\$500 and by imprisonment in the county jail for not exceeding six months, or both, and such conviction shall operate as an annulment of the license of such convicted person to practice as a physician and surgeon in this State.

Sec. 3.—It shall be unlawful for any person, firm or corporation, owning, operating or controlling any hospital in this State, to pay directly or indirectly to any physician or surgeon any commission or consideration of any kind whatever for advising any patient to go to such hospital for treatment or operation or for bringing any patient to such hospital for such purpose.

Sec. 4.—It shall be unlawful for any physician, surgeon or hospital to demand or collect any fees or charges from any patient in any case in which there shall have been a violation of this act.

Sec. 5.—All acts and parts of acts in conflict herewith are hereby repealed.

Sec. 6.—This act shall take effect and be in force from and after its publication in the statute book.—Journal of the Kansas Medical Society.

## Editorials from Medical Journals

### Do You Ever Stop to Think About Medical Society Matters?

From the Bulletin, Lawrence, Pa.

Do you realize what you owe to the medical profession as a whole? Are you doing your part to keep things going? If every one did as you do would there be any advance or would there be a big slump? You think that you pay for all you get—but you don't. You didn't even pay for your education. If you had been obliged to pay for the actual cost, you could never have done it. You don't even pay for your post graduate courses. You pay something, but not anywhere near the actual cost. You think that you pay for the benefits of the medical society, but you don't. If all the readers of papers at the State meeting should charge for their time and ability, one meeting would bankrupt the society. I have heard many a lecture costing \$100 that was not as good as DaCosta's paper at Philadelphia. If Anders and Riesman and Wilson were called in consultation on a heart case, the fee would amount to something, yet they gave an afternoon of their time to read and discuss papers which had taken much trouble to prepare.

### "Doctors Versus Folks."

From the Kansas State Medical Journal.

Dr. Robert T. Morris, in "Doctors Versus Folks" (published by Doubleday, Page & Co.), has some very appropriate things to say about medical society affiliation. What he says is so good that we would like to reprint all of it, but space permits only a few quotations. "A doctor who remains away from society meetings fails to identify himself. The society meeting is a court which gives doctors an advantage that was previously accorded only to lawyers. There is where we find the strong man who does not fear attack, and who earnestly wishes to be defeated if he ought to be defeated. We find there occasionally the weak man who

does not remain long and who runs away and tries to succeed all alone with a lot of wrong views. It is sometimes said that men go to society meetings for the purpose of advertising themselves. Very well! The audience quickly decides whether such advertising is valuable to the individual or not . . . The physician who presents a five or ten minutes report upon a case of headache in which he has thoroughly worked out all of the features, obtained a result, and collected a suitable fee, will be awarded more credit than is now given to a report upon the radical cure of hernia. The reason for that is because there are more headaches than hernias, and more skill is required for relieving people of their headaches. Doctors lacking headaches will turn to surgery for an income . . . If men who are conscious of a certain personal inferiority have a tendency to remain away from society meetings through fear of comparison with others, they may comfortably attend meetings in the feeling that every one of the best men in the country has the same feeling."

### Professional Success.

From the Illinois Medical Journal.

Father Time has marked another cycle, and the readers of the Journal are another year nearer the goal, whether it be of success or of failure. Comparatively few medical men are failures. A man fails only when he does not accomplish that for which he strives. Fortunately, all men do not strive to attain the same ends nor the same levels. It is not necessary that all men be mental giants that they may make success; neither is success always marked by a blazing trail of publicity.

Ian MacLaren pictured two successful medical men—the one famous throughout the empire, the other scarcely known beyond Drumtochty. MacLaren's hero, while living a life of hardships and deprivation, and hating publicity with all a Scot's ability to hate, attained a success envied by his more famous brother, and died with no more wealth than the ardent love and admiration of his fellow-man and the knowledge of his having done a life's work which was of inestimable value to his people.

Riches are never attained by the great majority of medical men, and one entering the profession must bid adieu to the dream of affluence. Hard work must be the lot of him who practices medicine—or failure. If, in looking backward, we compare our work with the measure of the successful commercial man, we will not feel particularly elated, and this should prompt us to adopt, for the coming year and future years, some of the commercial man's methods. It is necessary for the professional success of a medical man that he have a competence sufficient on which to live fittingly and comfortably, and with which to provide for the future of his family. He must have this much that his mind may be free to work out his medical problems, and not be overburdened and overtired with the petty problems of existence. "The laborer is worthy of his hire," and the physician should adopt enough of the commercial man's method to insure this for his own welfare.

Success or failure in medicine, so far as service to one's patients is concerned, or so far as one's future prospects are in question, de-

pends much upon available medical literature and its constant reading. Never, within the history of medicine has continual reading and study been so demanded. This necessitates several good medical journals and some of the latest text or reference books for every physician. The meaning of success to most medical men implies the keeping within the limits of our honorable ethical code; that advantage gained by unscrupulous or unprofessional conduct or practices will hardly be counted success, but will be looked upon by our fraternity as failure. The year 1916 promises great things for the practice as well as the science of medicine. Let us, as physicians, set ourselves a high standard; let us set a high standard for our State Medical Association, and strive with no small effort to gain the level of our aspirations, so that at the close of 1916 we may look backward once more and feel ourselves successful.

### To Much Casarean Section.

From the Critic and Guide.

It is unfortunately only too true that an operation that does not present any too great technical difficulties and that can be performed with little or no risk to life, will be occasionally performed when there is no real justification for it. Since appendicitis has become a minor operation, many appendices have been cut out that could just as well, or better, have been left in.

There have been too many reports in recent years of Cesarean sections—successful Cesarean sections of course. But from reading between the lines I have gained the conviction that in some cases the operation was not absolutely and inevitably necessary, that with just a little patience or with a little greater obstetrical skill the woman could have been spared an operation and the child could have been delivered without much trouble. But as I am not an obstetrician I could not speak with authority on the subject; it was merely an impression and I could not bring facts to substantiate it.

I am glad to see an eminent obstetrician coming out and giving public utterance to a feeling which must be shared by a good many other physicians. In an article entitled, "Obstetrics, a Lost Art," (Surgery, Gynecology and Obstetrics), Dr. Holmes plainly states that Cesarean section is often performed because, from a lack of proper obstetrical knowledge, the operation seems an easy way out to the obstetrician. He demands that the indications for Cesarean section be strictly limited. While his limitations may be too narrow, still there is no question about it that a check should be put upon youthful obstetricians who consciously or unconsciously are rather anxious to make a record as to the number of successful Cesarean sections performed by their hands.

(The editorial then cites the case reported by Dr. Eckert in the Medical Record of November 13, 1915, and adds the following comments—Editor):

This case carries an important lesson. It shows that even an obstetrician connected with a hospital, who is one supposed to be a specialist, can make a grossly inaccurate diagnosis! Who knows how many such cases there are



throughout the country? It is too sad but nothing is gained by concealing or glossing over deplorable facts. That Cesarean section is very often a life-saving operation—life-saving for both mother and child—nobody will attempt to deny, but that does not excuse its indiscriminate performance. A little more knowledge of old-fashioned obstetric technique a little more patience and a little less zeal in operating is something that should be inculcated in the mind of every budding or mature obstetrician.

## Editorials from the Lay Press.

### Paying Doctor Bills.

From the Ladies' Home Journal.

"When some one dear to us becomes ill during the night we can not get to the telephone quick enough and ask the doctor to come 'at once.' And as we wait for him to dress and reach our house we pass anxious moments and wish that doctors never slept and could always be at our call. Then when he has allayed the suffering and quieted our alarm we are very quick to forget how anxiously we wanted him and how the minutes of his coming seemed liked hours. And when his bill comes for the service rendered we have forgotten it entirely! This goes on constantly in hundreds of homes throughout the country and the doctors and their families are put to it, owing to the slow pay of their patients, to meet their domestic bills! It is a case of first in illness, but last in pay. No other professional man has so great a number of bills owed to him as has the doctor, and no single fact in our domestic financing is so thoroughly reflective of our selfishness and forgetfulness as this. If the bill of any man is entitled to consideration and pay at our hands it is that of the doctor."

### A Balance for the Insane.

From the Newark Evening News.

Menacing conditions existing at the State Hospital at Morris Plains, as told in the annual report on the institution, are familiar to the people of the State, but the statistics are even more impressive than those of previous years. The overcrowding is worse, the possibilities of a disaster have increased, and the opportunities for the cure of the curable insane have lessened. The call for relief is so urgent that it may force the legislators to quick action.

The Legislature recognized the need last winter by passing the bill authorizing the appointment of a commission to acquire lands and prepare plans for additional quarters for the insane wards of the State to cost \$150,000, but it failed to appropriate a single dollar for the carrying out of the project. With this law on the statute books, however, the way is open for making an appropriation this year. Senator Rathbun has devised a plan so that the money can be made immediately available. He already has put in a bill to amend the appropriation bill of last winter by including the amount specified in last year's law.

If the money is to be forthcoming, it ought to be forthcoming at the earliest possible moment.

This cannot be emphasized too strongly.—Ed.

## Therapeutic Notes.

**Acne.**—Make a paste containing beta-naphthol, gr. 1; precipitated sulphur, 3ss.; lanolin and green soap, of each 3ii. Cover the affected portions of the skin with a thin layer of this paste for 20 minutes; then wipe off the skin and dust with talcum.—Lassar.

### Amenorrhea.

Extracti aloes, 3ss.

Ferri sulphatis exsiccati, 3i.

Asafoetidae, 3ij.

M. et ft. pil. No. 50. Signa: One or two pills after each meal.

### Anemic Conditions.

In spite of therapeutic nihilism and of the outcry against polypharmacy, the following pill still does excellent service in generally run down conditions:

Ac. arsenosi, gr. 1/60.

Strychn. sulph., gr. 1/30.

Quin. sulph., gr. ss.

Ext. rhamni pursh., gr. ss.

Massae ferri carbon, gr. v.

M. f. pil. No. 1. Tal. dos. No. LX.

Sig.. One three times a day after meals.

It is seldom that this pill fails to give results, in properly indicated case.—Critic and Guide.

### Bronchitis—Chronic.

Terebene is a useful expectorant in chronic bronchitis, particularly of the bronchorrheal type. The following makes a good compound:

Terebeni, 3ii.

Creosoti, min. 30.

Acaciae, 3i.

Aq. chloroformi, 3 i.

Syr. prun. virg. q. s. ad., 3 iii.

S. Teaspoonful every three hours well diluted in water.

### Bronchitis—Chronic—of the Aged.

Dr. Wilcke, in Medizinische Klinik, says he has found this combination extremely effectual in cases of chronic bronchitis, especially in the aged. His method is to give 2 drops of Fowler's solution three times a day on the first, third, and fifth days, alternating it with a 5 per cent. solution of potassium iodide, of which 15 drops is taken three times a day on the second, fourth, and sixth days, and so on. Each of the drugs is taken in milk after meals. Larger doses are liable to derange the stomach.

### Dandruff of Scalp.

Dr. Schamberg strongly recommends the use of sulphur ointment two or three times a week on alternate nights the use of a lotion of resorcin. The ointment prescribed is:

R Sulphur praecip., 3j.

Adipis benzoat. 3ij.

The lotion:

R Resorcini, 3ij.

Spirit vini rect.,

Aq. cologniensis,

Aquae, aa fl 3ij.

A dram of glycerin may be added if the scalp becomes too dry. If more stimulation is desired 30 grains of B-naphthol should be added to the lotion.

**Hemorrhoids.**

Potassii iodidi, gr. iiij.  
 Pulveris opii, gr. v.  
 Pulveris camphorae, gr. x.  
 Acidi tannici, ʒij.  
 Adipis lanae hydrosi.  
 Petrolati, aa ʒss.

M. et signa: Apply on lint.

**Pharyngitis—Acute.**

The following throat paint is recommended, in The Prescriber, for the sore throat of pharyngitis:

Glyceriti acidi borici.  
 Glyceriti acidi tannici.  
 Glyceriti acidi carbolic, aa ʒj.

M. Sig.: To be painted over the fauces and pharyngeal mucous membrane.

**Rheumatism—Muscular.**

Ol. gaultheriae, ʒss.  
 Spirit. vini rectific., ʒij.  
 S.—Rub into affected part thoroughly.

**Acute Pyelitis.**—K. H. Aynesworth, in Surg., Gyn. and Obstet., says that pyelitis is a disease which is very frequently not diagnosed, due to the fact that the symptoms are so often directed to the bladder. There may be no localizing symptoms at all to guide one; unless the urine be microscopically examined, followed by cystoscopy and ureteral catheterization, it is possible to overlook the disease. Tenderness and pain in the kidney may or may not be present, depending upon whether or not there is blocking of the urinary outflow or upon involvement of the kidney substance. Treatment should be general and local; general treatment should be to secure an acid urine with some drug which will eliminate formaldehyde; also, massive water drinking must be ordered, especially in those patients who have no nephritis; liquid diet is best; rest in bed; and last, and by all means advisable, kidney drainage by the ureteral catheter and local applications.

**Iodin Internally in Place of Potassium Iodid.**

—Dr. M. A. Zaussailoff warmly recommends tincture of iodine, as a substitute for potassium iodid in diseases like syphilis, rheumatism, gout and obesity. The dose is one drop given three times a day, and is daily increased by one drop to a dose. In many cases fifty drops were given three times a day without any of the by-effects which are so common with potassium iodid, and without any gastro-intestinal irritation. He used it in 352 cases, and gives detailed reports of twenty-four cases.

**Pneumonia.**—If I were to give any medical suggestions for the management of a child taken with some form of pneumonia, they may differ in the lobar and lobular form, beside the interstitial. Never forget, however, that every succeeding day of an infectious fever reduces the power of the heart and indicates a moderate dose of digitalis, or caffeine, or spartein; no alcohol if any for a number of days; ammonium (not the useless chloride, but perhaps anisateum, no carbonate in order to spare the stomach). My faith in camphor has not been disappointed these sixty years.—A Jacobi, M.D.

Water should be allowed freely in rheumatic fever.

Emetine given in small doses frequently repeated is one of our best expectorants.

Emetine given hypodermically in one-half grain doses is a very efficient hemostatic.

Emetine is of value only in amebic dysentery. In purely bacillary cases it is of no value except for differential diagnosis.

Eczematoid ringworm of the toes and fingers will yield readily to benzoic acid ointment.

Dover's powder is the safest remedy in the milder types pneumonic delirium. Potassium bromide and chloral increase cyanosis depress the heart too much.

Quinine will not check a malarial paroxysm after it has begun, and it is best to wait until the sweating or fever-free period when it acts on the youngest forms of the parasite.

S. West considers cannabis indica the best hypnotic in nephritis. Too much morphine is dangerous. Too much morphine is dangerous in any condition, not only in nephritis.)

Fever in pneumonia is not an unfavorable sign and no special measures to reduce it need be taken unless it is very high, in which case sponging or an ice-bag to the head with hot bottles about the feet are advisable.

When sodium salicylate in rheumatic fever causes gastro-intestinal disturbances the dose should be given more frequently in smaller amounts, well diluted.

Capsicum given freely every two or three hours as a heart stimulant is of great assistance in alcoholism and after the withdrawal of morphine. It may be administered in soups and liquids, as strong as can be swallowed without too much discomfort.—Critic and Guide.

**Hospitals and Sanatorium.**

A Dayton, O., philanthropist has arranged to donate the site and buildings for a tuberculosis hospital to the city. The approximate cost will be a half-million dollars.

**\$50,000 Nurses' Home Gift.**

Ex-Senator William M. Johnson has offered to give a nurses' home to the Hackensack Hospital. The board of governors accepted the offer. The building will be started in the spring. It will cost about \$50,000.

**Paterson Hospitals Receive Bequests.**

By the will of the late Charles S. McKelvey, chief engineer for the New Jersey Board of Public Utilities, who died in Paterson on December 16, the Paterson General Hospital and St. Joseph's Hospital, Paterson, receive bequests of \$13,000 each.

**Alexian Hospital, Elizabeth.**

The annual report of this hospital was recently issued. It reports having had 1,139 patients of various nationalities and creeds. More persons were treated free than ever be-



fore, both in the dispensary and in the hospital proper.

#### **Dover General Hospital.**

This hospital was formally opened after dedicatory exercises in the building, January 9, 1916, nearly 1,000 persons visiting and inspecting the equipment. The hospital starts entirely free of debt and with an endowment of \$20,000, as the result of the recent campaign when \$25,000 was subscribed, to supplement money raised previously through some years of work by a women's organization which started a hospital fund which continued to grow and in May, 1914, a valuable property was purchased with a large building thereon which with considerable alteration and repairs make it well adapted for hospital purposes.

The dedicatory address was delivered by former Mayor Lynd, who was chairman of the committee. Dr. J. H. Hulsart, Morris County superintendent of schools, transferred the key of the hospital to Mrs. M. M. Searing, president of the hospital association. The response was made by A. P. Van Gelder, acting president owing to the illness of Mrs. Searing. Dr. Frank D. Gray, of Jersey City, then delivered an address in which he spoke of the work of a hospital and of the need of such an institution in a town situated as Dover is, on two railroads, and having had access only to the hospitals at Morristown and Paterson.

At the annual meeting of the Hospital Association held January 12, Dr. Guy O. Brewster was elected a trustee for one year; Drs. J. Willard Farrow and J. H. Hulshart for two years, and Dr. W. F. Costello for three years.

#### **Millville Hospital.**

At the annual meeting of the directors of the hospital held January 20, President Slade presented the annual report from which we take the following:

There were 291 patients admitted from January 15, 1915, to January 1, 1916. Of these 100 were in private rooms; 110 at regular rates in the wards, 31 at reduced rates and 50 entirely free. The days of care for private rooms singularly enough equaled the regular ward days, 1,231 each, while those at reduced rates and free totaled 1,233.

At the time the hospital was opened this is more than anyone estimated that it would be possible to give without incurring indebtedness and could not have been possible had it not been for the charitable contributions of the benevolent people, organizations and industries of this community together with city and county aid. Each application for special rates is examined by a committee solely for the purpose of determining that the funds available are judiciously expended. No words of praise for the medical fraternity could equal the record presented. 291 patients with 3,695 days of hospital care, 198 operations with but 15 deaths.

#### **Monmouth Memorial Hospital Staff.**

The staff was reorganized for 1916 as follows:

Surgical—Drs. Edwin Field, H. B. Slocum and H. E. Shaw.

Medical—Drs. J. J. Reed, J. T. Welch and P. Rafferty.

#### **Muhlenberg Hospital, Plainfield.**

The board of governors of Muhlenberg Hospital recently reported that \$200 had been contributed thus far toward a fund of \$1,200 with which it hopes to erect a garage on the hospital grounds for the physicians of the city.

#### **Passaic General Hospital.**

The governors of the Passaic General Hospital on January 4, approved plans for a \$50,000 addition to the hospital. A committee was appointed to obtain bids for the completion of the work. The addition will be on the Boulevard side of the hospital property, which covers an entire city block, and will provide for an additional operating room, private rooms and a children's ward.

#### **Paterson Eye and Ear Infirmary.**

The 32nd annual report of this infirmary has been issued from which it appears that the number of new patients was considerably greater than in any previous year. From the report of Dr. Walter B. Johnson, executive surgeon we get the following: The total number treated during the year 1914-15 was: Eye patients, 1,443; ear patients, 481; throat patients, 868, a total of 2,792. Number of visits made by them for treatment, 15,822; average daily attendance, 52; number clinics held, 302; operations performed at the infirmary, 378.

#### **Hudson County Tuberculosis Hospital and Sanatorium.**

Medical Director B. S. Pollak reports as follows:

Remaining in the institution December 1st—males, 115; females, 49; admitted during the month, 21 males, 6 females. Total, 191.

Discharged apparently arrested, 1; quiescent, 1; improved, 6; unimproved, 3; died, 8.

Remaining December 31 in the institution 121 males, 51 females; total, 172.

There are employees, 46. Average number of patients per day, 168.3.

Direct maintenance expense, \$7,546.58; per capita cost, \$1.135.

Administration expense, \$10,226.29; per capita cost, \$1,539.

#### **On Hospitals.**

The liability of hospitals is well recognized. They stand in relation to the patient, very similarly to the physician. When a hospital throws open its doors to receive and care for patients, and actually does receive and care for patients, it is a party to an implied contract and if it fails to live up to the letter of its part of the contract, it is liable to the patient in damages and the patient, or the estate, may recover. It says to the patient, in effect, "We will properly and carefully and skilfully care for you and furnish you proper attention and food and nursing and guard you from unnecessary risks and generally safeguard your health under the direction of your physician, whose instructions will be faithfully carried out." If it fails to do these things, or is negligent, it is liable. A private hospital was held liable in damages for the burning to death of an old man when the building burned as the result of the negligence of the furnace-tender. A charity hospital was held liable in damages

for the burning of a patient with a hot water bottle which had been prepared and put in her bed by a 14-year-old girl who had been told to do it by the cook. A hospital was held in an award of \$7,000 for allowing a nurse, by mistake, to administer mercury bichloride to a patient, with fatal results. The whole question of liability and recovery hinges upon due and proper care and the use of good judgment; if these things can be proved, no award will be allowed; but they must be well proved. The law deals very strictly with all undertakings involving the life and death of people, and has done so for many centuries. No one is required to have dealings with sick or injured people; but those who voluntarily do so, must do what they agree to do or pay the penalty. And the wisdom of the ages has said that this is right and should be so.

California State Medical Journal.

**Public Health Hospitals.**—It is announced that President Wilson will submit to Congress a plan for a new system of public health hospitals to take the place of the present condition of contract care of patients and government hospital service. The first step will be to take over the meteorological research station at the summit of the Blue Ridge, Mount Weather, Va., and convert it into a hospital for sailors and other patients from the Atlantic seaboard. Within another year locations will be selected for hospitals in Southern California and the southeastern part of the United States.

#### The Cottage Hospital in Rural Communities.

Dr. Charles P. Nobel, in the N. Y. Medical Journal, says that naturally the broad principles which apply to all hospitals, as to their necessity, management, advantages to the community, and to the medical profession are equally applicable to rural hospitals, but there are, in addition, certain facts and factors which apply to them chiefly or exclusively. The management, while affording efficient medical and nursing care, should provide an atmosphere in which the spirit of helpfulness, true sympathy, charity, and gladness abounds. There is no question that the "closed" hospital can be more efficiently administered; that its patients will receive better and more systematic treatment; that the superintendent of hospital and training school will be spared many trials, and that the medical staff is afforded a much better opportunity to develop additional technical skill and to acquire greater clinical knowledge in the particular specialties of medicine in this type of hospital. The "open" system as applied to the private rooms, and even to certain small pay wards, has manifest advantages to rural hospitals. With reference to the question whether the local staff shall do the general and special surgery or whether a skilled specialist from a neighboring city should be called in seems best to be settled by following a mixed plan. The local staff should be prepared to operate in emergency cases and will be able to perform many other operations with skill and success, but if skilled specialists are not called in the staff misses the opportunity for improving their own surgical and medical technique. There are three other import-

ant matters in connection with the proper conduct of a rural hospital and these are the wisdom of having a paid anesthetist, a salaried pathologist and bacteriologist, and also a properly remunerated X-ray specialist attached to the staff.

## Marriages.

CRANE-CROSSLEY. — At Washington, D. C., January 19, 1916, Dr. Charles G. Crane, of Newark, N. J., to Miss Dorothy Crossley, of Washington.

TOWNSEND-NAYLOR. — At Westwood, N. J., December 24, 1915, Dr. Theodore E. Townsend to Miss Ethel D. Naylor, both of Westwood.

## Obituaries.

GERBERT.—At Orange, N. J., December 19, 1915, suddenly, Dr. Herman Peter Gerbert, of Orange, aged 57 years.

Dr. Gerbert graduated from the College of Physicians and Surgeons—Columbia—in 1883.

LANGDON.—At Nutley, N. J., on January 22, 1916, Dr. Royal Langdon.

Dr. Langdon was president of the Nutley Board of Health and also town physician. He graduated from the Long Island College Hospital in 1900.

LOWRIE.—At Plainfield, N. J., January 4, 1916, Dr. Henry H. Lowrie, aged 74 years. Dr. Lowrie graduated from the Georgetown University Medical School in 1863.

STILLE.—At Atlantic City, N. J., December 23, 1915, Dr. Samuel Stille, of that city, aged 86 years. He graduated from the University of Pennsylvania Medical Department in 1875.

TAYLOR.—At Camden, N. J., January 14, 1916, Dr. H. Genet Taylor, of Camden, N. J., aged 78 years. Dr. Taylor was born in 1837, at the home of his uncle, General Henry James Genet, the first U. S. Ambassador to France who married the daughter of Governor George Clinton, of New York.

## RESOLUTIONS ADOPTED BY THE CAMDEN COUNTY MEDICAL SOCIETY.

### Henry Genet Taylor, M. D.

At a special meeting held January 17, 1916, to take action upon the death of Dr. Taylor, the following was adopted:

Whereas, Death has removed from the roll of membership of this society, Dr. H. Genet Taylor, who for nearly fifty-six years was an active member; therefore,

Resolved, That the Camden County Medical Society, in special meeting assembled, desires to give expression to its deep sense of loss, and also expresses its sincere sympathy to the bereaved family of our departed brother.

Resolved, As a mark of respect and an appreciation of the great service of Dr. H. Genet Taylor to the general public and medical profession, the Camden County Medical Society



deems it fitting that a brief history of the life of our departed brother shall be entered upon the society's minute book.

Dr. H. Genet Taylor was born July 6, 1837, at Charmantot, New York, his parents being Dr. Othniel Hart Taylor and Evelina (Burrough) Taylor. Dr. Othniel Hart Taylor was one of the incorporators of the Camden County Medical Society, was its president in 1856; but, four years previously, namely, in 1852, was the president of the Medical Society of New Jersey—the first member of the Camden County Medical Society to attain to that exalted office, and, subsequently, to be filled by the son, Dr. H. Genet Taylor.

H. Genet Taylor's education was obtained in the Camden City schools and the Protestant Episcopal Academy, at Philadelphia.

In 1860 he was graduated from the University of Pennsylvania Medical School, and immediately entered into the practice of medicine in Camden.

A few months after his graduation, on July 22, 1861, by request of the Surgeon-General of Pennsylvania, Professor Henry H. Smith, Dr. Taylor went to Washington, where he immediately engaged in caring for the wounded. This continued until September, 1861, when he was commissioned Assistant-Surgeon of the Eighth New Jersey Volunteer Regiment. He was on duty at the second battle of Bull Run, and after that battle he remained ten days within the enemy's lines, and then accompanied the wounded Union troops to Washington.

Following the battle of Antietam he was made brigade surgeon of the Artillery of the Third Army Corps, and served on the staffs of Major-Generals Hooker, French and Sickels. In March, 1864, he retired from the Army service, and returned to Camden, where he resumed the practice of his profession.

From 1869 to 1882, he was surgeon of the Sixth Regiment of the National Guard of New Jersey; and in 1887, during a serious strike that had its acme of intensity at Phillipsburg, New Jersey, Dr. Taylor was surgeon of the provisional brigade that was under the command of Major-General William J. Sewell.

Dr. Taylor, in 1865, was one of the founders of the Camden City Dispensary, and in 1874 he was elected secretary of the Board of Managers, in which position he served continuously until January, 1914, when he resigned.

In 1860 he was elected an active member of the Camden County Medical Society, and was its president in 1865. In 1861 he was elected secretary of that society, and served in that position twenty-five years, being prevented from discharging the duties of the office during the period he was in the army and while president of the society. In 1888 he declined re-election as Secretary of the Camden County Medical Society, and the society, in recognition of his services presented him with a set of engrossed resolutions and a service of silver.

In 1888 he was elected president of the Medical Society of New Jersey, and at the annual meeting in 1889, his president's address contained the recommendation that the society establish a journal, and in September, 1904, his recommendation was acted upon, when the first number of the Journal of the Medical Society of New Jersey was issued.

In 1889, the degree of Master of Arts was conferred upon him by Rutgers College.

He was a life-long member of the Camden City Medical Society, and was the Society's president in 1865.

In addition to the Societies mentioned he was a member of the American Medical Association, the New Jersey Sanitary Association, the Philadelphia Medical Club, the Grand Army of the Republic, the Pennsylvania Historical Society, the New Jersey Historical Society, the Cooper Hospital Clinical Society, the Loyal Legion, the Society of Sons of the Revolution, and formerly a member of the New Jersey Academy of Medicine and the order of Military Surgeons of New Jersey. He was physician-in-chief to the Camden Home for Friendless Children for many years.

Since young manhood he was a member of St. Paul's Protestant Episcopal Church, in Camden, and for many years was Senior Warden of the Church.

When arrangements were being completed in 1887, to open the Cooper Hospital, Dr. H. Genet Taylor was the first physician named as a member of the attending staff. When the organization of the staff was completed, Dr. Taylor was elected chairman, a position to which he was annually re-elected up to the time of his death. In 1894 he was appointed a member of the Board of Managers of the hospital, and in 1898 was appointed medical director. He was constant in attention to the duties devolving upon him at the hospital, visiting the institution daily, except when prevented by illness or absence from the city.

Dr. Taylor has contributed many important articles to the literature of medicine, and all that he wrote commanded earnest attention.

He made no claim to the possession of oratorical powers, but when he spoke extemporaneously he was always lucid and direct, and was listened to with deep interest.

For more than fifty years Dr. Taylor was a great factor in the history of the Camden County Medical Society, and within the past thirty years has been a potent force in deciding the life work of many of its members. Many physicians of Camden city have been recipients of honors that could be traced directly to his influence. He was always ready with kindly advice to counsel the young practitioner, being the better equipped to discharge this important duty because the spirit of professional jealousy has always been a negative attribute. He was incapable of an unkind or of an ungentlemanly act.

Dr. Taylor was married October 23, 1879, to Helen, daughter of Alexander and Hannah C. Cooper, of Haddonfield, N. J. Mrs. Helen Taylor and two sons, H. Genet, Jr., and Richard C., survive the husband and father.

Resolved, That a copy of this preamble and resolutions be presented to the family of our departed member.

DANIEL STROCK,  
PAUL M. MARKLEY,  
A. HAINES LIPPINCOTT,  
Committee.

Trifles make perfection, but perfection is no trifle.—Michael Angelo.

When the fight begins with himself a man's worth something.—Robert Browning.

## Personal Notes.

Drs. Sylvan G. Bushey and Marcus K. Mines, Camden, were recently appointed members of the local Health Board.

Dr. Walter E. Cladek, Rahway, has been re-appointed a member of the local Board of Health.

Dr. Frank W. Curtis, Stewartville, has recovered from a severe illness and resumed practice.

Dr. Henry H. Davis, Camden, has been re-elected president of the City Board of Health and Dr. John F. Leavitt, health officer.

Dr. William S. Disbrow, Newark, has been re-elected president of the Newark Board of Health.

Dr. Ambrose F. Dowd, Newark, has been re-appointed head of the medical division of the City Hospital.

Dr. Gordon K. Dickinson, Jersey City, discussed Dr. C. E. Zeigler's paper on "The Teaching of Obstetrics," at the annual meeting of the Amer. Asso'n of Obstetricians and Gynecologists.

Dr. Charles M. Gray, Vineland, after completing a post-graduate course in Philadelphia, has resumed practice.

Dr. Joseph B. Harrison, Westfield, who has been a member of the local Board of Health since its organization 30 years ago, declined re-election recently.

Drs. Samuel C. Haven and F. H. Glazebrook, Morristown, have been re-elected members of the local Board of Health.

Dr. Joseph E. Hurff, Blackwood, has been re-elected physician of the County Almshouse.

Dr. George L. Johnson, Morristown, has been elected police surgeon.

Dr. Morris H. Leaver, Quakertown, was elected vice-president of the Hunterdon County Historical Society on January 8th.

Dr. Josiah Meigh, Bernardsville, has been re-elected township physician.

Dr. Ephraim Morrison, Newton, has recently been re-elected president of the Merchants' National Bank of Newton.

Dr. Watson B. Morris, Springfield, and wife on December 31st celebrated the fifth anniversary of their marriage.

Dr. Bert. A. Prager, Chatham, has been re-appointed police and fire surgeon.

Dr. R. G. Savoye, Westfield, has been appointed a member of the local Board of Health in place of Dr. J. B. Harrison, who declined reappointment.

Dr. Harry D. Williams, Trenton, was given a surprise party at his home December 28th, by a number of his professional brethren.

Dr. Gustav A. Becker, Morristown, has been appointed physician to the county almshouse.

Dr. Frank Devlin, Newark, has been drawn as one of the Essex County Grand Jury for the present term.

Dr. Alfred M. Elwell, Camden, and wife spent a few days at Bridgeton last month.

Dr. William James, German Valley, and wife were recently called to Philadelphia by the death of the doctor's father.

Dr. Austin H. Coleman, Clinton, was laid aside by illness a few days last month, but has recovered.

Dr. H. Crittenden Harris, Glen Ridge, who

has been a member of the local Board of Health, has declined re-election.

Dr. Lewis B. Hoagland, Oxford, was recently elected president of the Farmers' Mutual Fire Insurance Company of Warren County.

Dr. Edgar A. Ill, Newark, lectured recently in the Roselle Casino, before the Clio Club on "The Hopefulness of Cancer."

Dr. Thomas Barber, Phillipsburg, Senator from Warren County, has been appointed a member of the following Senate committees: On Appropriations and Public Health, and on Joint Committees: on Sanatorium at Glen Gardner, State Hospitals and State Village for Epileptics.

Drs. Sylvan G. Bushey and Grant E. Kirk, Camden, have been elected directors of the Merchants' Trust Co., Camden.

Dr. John W. Donges, Camden, has been elected a director of the Camden National Bank.

Dr. Matthew K. Elmer, Bridgeton, has been elected a director of the Cumberland National Bank, Camden.

Dr. Walter P. Glendon, Bridgeton, has been elected a director of the Farmers and Merchants' National Bank, Bridgeton.

Dr. William Martin, Atlantic City, has an able paper in the N. Y. Medical Journal, January 1, on "The Treatment of Insomnia."

Dr. Paul M. Mecray, Camden, has been elected a director of the Security Trust Company, Camden.

Dr. John H. Moore, Bridgeton, has again been elected a member of the local Board of Education for a five-year term.

Drs. David H. Oliver and Stacy M. Wilson, Bridgeton, have been elected directors of the Cumberland Trust Company.

Dr. Edward M. Richman, Newark, was recently elected a director of the Newark Trust Company.

Dr. Edward B. Rogers, Collingswood, has been instrumental in securing \$15,000 for a library building from the Carnegie Fund.

Dr. George L. Romine, Lambertville, was re-elected a director of the Lambertville National Bank last month.

Dr. Frederick W. Sell, Rahway, has been re-elected health officer by the Board of Health.

Dr. George H. Sexsmith, Bayonne, the Bayonne Times says, "splendidly performed the duties of toastmaster at the 65th annual dinner of the Hudson County Medical Society" on January 25th. Drs. Bogardus, Brinkerhoff, Finke and Freile were among the speakers.

Dr. William F. Costello, Dover, recently addressed the East Side Parent-Teachers' Association.

Dr. Aldo B. Coultas, Madison, has been appointed visiting surgeon to All Souls' Hospital, Morristown.

Dr. Frank D. Gray, Jersey City, addressed the City Betterment Club of Bayonne on January 25, on "The Hopefulness of Cancer."

Dr. Frederick C. Jacobson, Newark, has removed his office from 969 Broad street to 1074 Broad street.

Dr. Morris H. Leaver, Quakertown, was recently elected treasurer of the Quakertown Fire Company.

Dr. Ellery N. Peck, Boonton, was excused from serving on the Morris County Grand Jury because of the prevalence of grip in Boon-



ton which required his professional services there.

Drs. James M. Reese and Floyd A. Shimer, Phillipsburg, have been elected president and vice-president respectively of the Anti-Tuberculosis Society of Phillipsburg.

Dr. M. Royal Whitenack, Newark, spent a few days at Atlantic City last month.

Dr. William H. Lawrence, Jr., Summit, spent a few days in Florida last month.

Dr. Ephraim M. Mulford, Burlington, has been appointed by the Mayor a member of the local Board of Health.

Dr. George R. Philhower, Nutley, gave a lecture on first aid at a meeting of the Girls' Hospital Corps of Vincent M. E. Church.

Dr. James J. Reed, Seabright, and wife are spending a few weeks in Florida for the benefit of the doctor's health.

Dr. William J. Summers, Boonton, has recently recovered from a severe attack of grip.

Dr. Theodore E. Townsend, Westwood, and wife enjoyed a trip to Bermuda last month.

Dr. Harry Vaughan, Morristown, will address a Prohibition Club of Newark on February 7th on "Real Preparedness."

## Medico-Legal Items.

### Damages Allowed for Injuries Causing Convulsions.

The Supreme Court of Minnesota says that the plaintiff, a young woman stenographer earning \$50 a month, was injured, in April, 1914, by an automobile truck belonging to the defendant. It was not claimed that the evidence did not justify a finding that the defendant was negligent, or that there was any negligence on the plaintiff's part. The principal contention on this appeal was that the damages awarded by the jury, \$6,750, were excessive. Before the accident, the plaintiff was a strong, healthy girl. After the accident, she had frequently recurring fainting spells, attacks that were called by her expert "epileptoid," and by the experts for the defendant, "hysterical convulsions." That they were genuine, and not feigned, attacks, was not doubted by the defendant's experts.

The plaintiff had not been able to go out alone, and had to be watched the entire time. She was pale and had lost weight. The causal connection between the accident and her condition at the time of the trial was proved. In short, the evidence justified a substantial verdict. But there was no organic trouble, and the evidence as to the probable duration of the plaintiff's condition was that she would entirely recover.

The plaintiff's expert testified that the prognosis would be fair, and the probabilities were that she would get over the attacks. As to when, the witness said that this would depend on her regaining her lost weight, and her general health, and that the end of this litigation would be an important factor in her recovery. The defendant's experts agreed on this.

The court was unable to find any evidence that would warrant a finding that the plaintiff's injuries were permanent, or that her condition, serious as it was, would last for any length of time in the future. Under these circumstances, the court thinks that \$5,000 would be ample compensation, and that the

evidence would not sustain any verdict in excess of that sum. Wherefore a consent within ten days to a reduction of the verdict was required, under the penalty that otherwise a new trial would be granted.—*Sherwood vs. Crescent Creamery Company*, Minn. 153, N. W. R. 525.

### Conditions Not Rendering City Liable for Typhoid Fever.

The Supreme Court of Oklahoma reverses a judgment for \$675 obtained by plaintiff Tidwell, against the city of Duncan, as damages for typhoid fever suffered by members of his family, and alleged to have been caused by the defendant's negligence in respect to the condition of its dumping ground, which was on a lower plane and 1,940 feet southeast from the plaintiff's dwelling house, about 2½ miles northeast of the defendant city. In this dumping ground it appeared that dead animals and human excrement, with other garbage, perhaps, were deposited in trenches 4 or 5 feet deep, the dead animals being covered with dirt and the excretions with lime and, when the trenches were about full, with dirt, although more or less of both were sometimes exposed. There was also some evidence tending to show an abundance of flies both at the dumping ground and at the plaintiff's house. The court holds that, in the absence of evidence reasonably tending to exclude other sources from which the *Bacillus typhosus*, causing typhoid fever, might have been derived, or to show that such bacillus existed in any of the matter deposited in the defendant city's dumping ground, it could not be inferred that members of the plaintiff's family contracted said disease from said dumping ground, located as above stated, notwithstanding that the winds had blown from that direction toward the plaintiff's dwelling house, and that there was an unusually great number of flies at said ground and at said house during the summer preceding the attack of such fever. The court says that it ventures no opinion on the question as to whether the jury might have found that flies or dust could have carried typhoid bacilli from the dumping ground to the plaintiff's dwelling house, or to any place where the afflicted persons were, but it contents itself with pointing out that there was no evidence reasonably tending to prove that they did so, or that these grounds were the source from which the disease was contracted.—*City of Duncan, vs. Tidwell* (Okla.), 150 Pac. R. 112.

### MEDICAL EXAMINING BOARDS' RESULTS

	Exam.	Passed.	Failed.
California, July ...	84	57	27
Colorado, October .	8	5	3
D. of Columbia, Oct	20	15	5
Georgia, October ..	27	14	13
Louisiana, June ...	57	41	16
Maine, July .....	42	41	1
Maryland, June ...	97	78	19
Massachusetts, July.	156	128	28
Massachusetts, Sept.	55	42	13
Minnesota, October.	11	9	2
New Mexico, July .	12	12	0
Oklahoma, July ..	30	22	8
Oklahoma, October.	15	15	0
Rhode Island, Oct..	18	15	3
Virginia, June ....	91	82	9
Washington, July ..	64	48	16

## Public Health Items.

Open windows close the doors to consumption.

Your lungs can't be washed, but they can be aired.

Robbing yourself of sleep puts a mortgage on your future health and happiness; Nature will foreclose.

It may take more than one swallow to make a summer, but only half a swallow of dirty milk can make a summer complaint.

—From Bulletin Chicago Dept. of Health.

**Personals**—Dr. John C. Billings has been advanced to the office of Deputy Commissioner of Health of New York City. He will continue the direction of the Bureau of Preventable Diseases, of which he has for some time had control, and will also take charge of the work of dividing the city into health districts.

**New Cabinet Office.** — The movement to create a new cabinet office to be known as the Department of Health, will be revived in the next Congress. The proposal is strongly supported by the medical societies, but is opposed by Christian Scientists and osteopaths as being in the interest of the "medical trust." The political parties, however, have declared for such legislation with the object of conserving public health.

**Hygienic Servants Demanded.**—As an outgrowth of the plan of standardizing household help in Montclair, N. J., the Montclair health department has announced that for a fee of three dollars it will examine the physical condition of applicants, and when the result is satisfactory will issue certificates of health. Blood tests and examinations for tuberculosis, etc., will be included in the examination. At present the barbers and those engaged in handling food supplies in Montclair are required to pass such an examination. The plan has been endorsed by the Housewives League.

### Progress in Mosquito Extermination.

Dr. J. G. Lipman, director of the State Agricultural Experiment Station at New Brunswick in his annual report just issued says that more than a million and a half of the people of New Jersey and visitors to this State have been benefited through the activities of the experiment station against the mosquito. The fight against the little pests is under the particular direction of the Department of Entomology of the station. During the past summer the salt marshes bordering about 118 miles of our Atlantic Coast line, which have been more or less completely drained, were continually patrolled. More than 500,000 acres were cared for in this manner and the battle for the extermination of mosquito considerably advanced.

**Automobile Fatalities.**—The Weekly Bulletin of the Newark Department of Health gives a tabulation of deaths from automobile accidents. From 1909 to 1914 there were deaths

as follows: Buffalo, 125; Chicago, 493; New York City, 1,120; Newark, 54; Pittsburgh, 140; Providence, 80; St. Louis, 116; San Francisco, 116; Washington, 84.

### Per Capita Expenditures of 184 Cities.

The following figures show how small is the expenditure for public health compared with that for recreation, charities, etc.:

Health, 33 cents; recreation, 50 cents; charities, \$1.08; garbage and sewers, \$1.29; fire, \$1.65; general government, \$1.95; highways, \$2.01; police, \$2.15; education, \$4.89; miscellaneous, 50 cents.

It has been well said: "A nation that places its public health service at the bottom of the list of its appropriations for public purposes, has little reason to lay claim to leadership in the march of civilization."

**Examine Teachers for Suspected Tuberculosis.**—The department of health of New York City, in co-operation with the city superintendent of schools, has devised a plan by which teachers suspected of having tuberculosis will be examined by physicians of the department of health. Principals of schools are requested to report teachers who are in such physical condition as to be unable properly to do their work and whom there is reason to regard as probable subjects of tuberculosis. A woman physician will be detailed to examine women teachers if they so desire.

**Rural Health and "Patent" Medicines.**—As the schools grow progressively in adjustment, successive generations will have the higher standards. But while this transformation as an outlook is encouraging, we cannot but realize the dire need of present action. Why can we not teach the farmer and his wife the danger of the use of Peruna, Swamp Root, or Madam Winslow's Soothing Syrup? Why can we not reach the rural home with the good tidings of how to escape typhoid fever, hookworm disease or malaria? If we can, the obligation is ours.—Oscar Dowling, Amer. Jour. Pub. Health.

### Infant Mortality as an Index to Civilization.

—Sir Francis d'Ivernois observes that, "if the various states of Europe kept and published annually an exact account of their population, noting carefully in a second column the exact age at which the children die, this second column would show the relative merit of the government, and the comparative happiness of their subjects. A simple arithmetical statement would then perhaps be more conclusive than all the arguments that could be adduced." —Malthus, Essay on Population (1789).

### Illegitimate Children in Ohio.

Seventeen children of each 1,000 born in Ohio last year were illegitimate, according to 1914 statistics prepared by Dr. Morton W. Bland, State Registrar of Vital Statistics. The total number of births was 101,801, and 1,748 of these were illegitimate, making a rate of 1.17 per cent. of all children born.

Illegitimate children were born to 23 mothers under 15 years of age, one over 45, 58 at the age of 15, 111 at 16, 238 at 18; 188 at 19,



180 at 20, 147 at 21, and 113 at 22. Of the total 1,583 were white and 163 colored, 192 were of foreign parents. Geauga was the only county which reported no illegitimate births. Ross had 30 and the highest rate, 3.76 per cent. Counties with low rates of illegitimacy were: Belmont, .17 per cent; Brown, .18; Coshocton, .02; Wyandot, .28; Ashtabula, .41; Erie, .43; Henry, .38; Knox, .38; Lorain, .34, and Seneca, .48. Illiteracy tables show that in counties where there is a large proportion of persons who cannot read or write the, percentage of illegitimacy is correspondingly high.

#### Better Control of Communicable Diseases.

—A plan for securing better control of measles, whooping cough, scarlet fever and typhoid fever is being put into operation by Dr. F. M. Meader, director of the Division of Communicable Diseases of the New York State Department of Health. As soon as the cases and deaths are compiled for the previous month, the case rate and the fatality rate are worked out for each county. Where the case rate is high a circular letter will be sent to all physicians of that county notifying them of the unusual prevalence of the disease and offering the facilities of the laboratory for obtaining diagnosis in obscure cases. If the case fatality rate is high, it is assumed that the cases have not been reported, and the attention of the physician is called to the fact that the law requires that all cases, even suspicious ones, must be reported to the local health authorities.

#### Sanitary Preparedness. — Dr. Rupert Blue,

Surgeon-General, U. S. Public Health Service, at the meeting of the Southern Med. Asso'n, said the maintenance of sanitary preparedness was no less the duty of the individual than it was of the community. The question that came then was how this end was to be accomplished. It was not altogether easy to reach so convincingly that the laymen would appreciate these things. It must come in many ways. If upon the plastic mind of the school child the simple truths of sanitation were impressed, we gradually created a people in which sanitary living was a habit. If by child hygiene we produced better and stronger men and women, these in turn would bring into the world stronger children, because they would have learned that mating with the weak and defective produced weak and defective children. Thus we would have a practical eugenic betterment. He did not think it was necessary in this connection that he discuss the trite questions of the medical inspection of school children, the whole time health officer, diet, exercise and the other thousand and one things which we were practically of one mind. The impression he desired to leave in their minds was that, if America would avoid the decay and retrogression, if she would be ready for the supreme trial of strength when the hour of calamity came, she must retain her sanitary defenses at all times. The sane and healthy nation, republic of healthy minds in healthy bodies, adding by its labors, uninterrupted by disease, to the material and spiritual welfare of the world, was prepared alike for the piping times of peace and the stern realities of war.

### DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY.

#### Mortality Report for November.

Of the 3,129 deaths tabulated as occurring in New Jersey during November, 1915, 3,075 were residents and 54 non-residents, which gives a resident death rate of 12.85 for the month. By age periods there were 476 deaths among children under one year, 202 deaths of children over one year and under five years, and 1,021 deaths of persons aged sixty years and over.

The following are the reported causes of death for the month: Typhoid fever, 20; measles, 16; scarlet fever, 4; whooping cough, 20; diphtheria, 58; malarial fever, 2; tuberculosis of lungs, 290; cancer, 193; tuberculosis of other organs, 33; diseases of nervous system, 346; diseases of circulatory system, 461; pneumonia, 221; other diseases of respiratory system, 177; infantile diarrhoea, 112; other diseases of digestive system, 182; Bright's disease, 305; suicide, 31; all other causes, 604.

#### Morbidity Report.

The State Department of Health has received reports of 2,386 cases of communicable diseases for the month of November.

Typhoid Fever—144 cases; diphtheria, 799; scarlet fever, 379; tuberculosis, 710; chickenpox, 329.

Doubt indulged becomes doubt realized. To determine to do anything is half the battle. Courage is victory, timidity is defeat.—Nelson.

In all things be prompt. Get the thing done. Do it now. Delay is fatal. The only way for a busy man to get through his work is to take up one thing at a time and stick to it until he puts it through. Never mind if the work is difficult—it must be done.—Walter H. Cottingham.

#### The Cultivation of Friends.

There is nothing truer than the old saying that "He who would have friends must show himself friendly," for loneliness and friendlessness are very often the result of allowing our work and our pleasure to absorb us so completely that we have no need of and no time for companionship.

For a time all may go well with us, we are self-satisfied or self-absorbed, or too busy to bother with other folks, and we do not feel the need of friends. But there comes a day when trouble or illness or sudden loss or some shock shakes us out of our tranquility, and we find there is no one near enough to us to offer these things.

The world is often blamed for heartlessness when it is not so at all; for how can we expect friends to flock about us to share our sorrow when we have never allowed them to share our joy? If we have been too busy with our own affairs, too absorbed in our own life to make friends with them, how can we expect them to act the part of friends when we want or need them.—Grace Goodhouse, in Camden Courier.

More than fifty years ago Herbert Spencer, in one of his valuable contributions to pedagogic theory, said: "As vigorous health and its accompanying high spirits are larger elements of happiness than any other thing whatsoever, the teaching how to maintain them is a teaching that should yield in moment to no other whatever."

Few people really wish to make others unhappy, and those few would not be likely to read what I am saying. But it is probable that on the whole more unhappiness is caused by want of heart. Receive everyone with a bright smile, kind words and a pleasant welcome. It is not enough to love those who are dear to us. We must show that we do so. Many of us through ignorance, thoughtlessness, or want of judgment, wound those whom we love best, and most wish to help.

—Lord Avebury.

"He told me that the bullet had severed his vocal cords."

"But how could he talk?"

"Oh, he spoke brokenly, to be sure."

—Buffalo Express.

"My doctor told me I would have to quit eating so much meat."

"Did you laugh him to scorn?"

"I did at first; but when he sent in his bill, I found he was right."

"Healthy?" said the proud resident. "I should say this town is healthy. Why, there's only been one death here in ten years."

"Indeed!" replied the visitor. "And may I ask who it was that died?"

"Our doctor; he died of starvation."

#### "Grave" Jokes.

There is a whole quart of truth in that old jingle about "A little nonsense now and then," etc. If it were not for this occasional nonsense the vital statistics recorder would have a dry time indeed. Here are samples of some of the things he finds on death certificates under the heading Cause of Death.

"Went to bed feeling well, but woke up dead."

"Died suddenly at the age of 103. To this time he bid fair to reach a ripe old age."

"Do not know cause of death, but patient fully recovered from last illness."

"Deceased had never been fatally sick."

"A mother, died in infancy."

"Died suddenly, nothing serious."

"Pulmonary hemorrhage — sudden death. (Duration four years.)"

"Kick by horse shod on left kidney."

"Don't know. Died without the aid of a physician."

"Deceased died from blood poison, caused by a broken ankle, which is remarkable, as his automobile struck him between the lamp and the radiator."

"Blow on head with ax. Contributing Cause — Another man's wife." — Michigan Monthly Bulletin of Vital Statistics.

**No Acorn.**—When James A. Garfield was president of Oberlin College, a man brought for entrance as a student his son, for whom he wished a shorter course than the regular one.

"The boy can never take all that in," said the father. "He wants to get through quicker. Can you arrange it for him?"

"Oh, yes," said Mr. Garfield. "He can take a short course; it all depends on what you want to make of him. When God wants to make an oak he takes a hundred years, but he takes only two months to make a squash."

\*Does the same principal apply in the case of the regular doctor and the osteopath?

"What makes your husband look so glum, Mrs. Nurich?" "I'm not sure exactly, but the doctor says he's suffering from a reduced plurality."—Buffalo Express.

## BULLETIN No. 1

Dear Doctor:—

This Journal and the *Cooperative Medical Advertising Bureau* of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

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We want this JOURNAL to serve you.

Look for Bulletin No. 2, in our next issue.

Sincerely,

YOUR EDITOR.



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## THE FUTURE OF THE MEDICAL PROFESSION.\*

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Dr. Roswell Park in his *Epitome of the History of Medicine* divides medical history into seven periods: 1, The Primitive Period—that of Instinct, beginning with myth and ending with the destruction of Troy 1184 years before Christ; 2, The Sacred or Mystic Period, ending with the dispersion of the Pythagorean Society, 500 years before Christ; 3, The Philosophic Period, terminating with the foundation of the Alexandrian library, 320 years before Christ; 4, The Anatomic Period, ending with the death of Galen, about A. D. 200; 5, The Greek Period, ending at the burning of the Aleandrian library, A. D., 640; 6, The Arabic Period, ending with the revival of letters, A. D. 1400; 7, The Erudite Period, comprising the fifteenth and sixteenth centuries; 8, The Reform Period, comprising the seventeenth and eighteenth and nineteenth centuries.

While this division is purely arbitrary, it is obvious that early medicine was so influenced by mysticism, ignorance and superstition, that it may be considered as a science and art only for the past five hundred years. Viewed in the light of our present knowledge the medical practice of one hundred years ago seems primitive, but no doubt our successors 100 years hence will look back on our vaunted knowledge and skill with like compassion. Early medicine was the science and art of curing disease, and the role of preventive medicine in the human economy was unsuspected until comparatively recent times.

The first great step in preventive medi-

cine was the practice of vaccination by Jenner in 1796. It is difficult for us to realize what a scourge smallpox was before this epoch-making discovery. It caused 7 to 9 per cent. of the total mortality in England in the seventeenth and eighteenth centuries, and nearly 9 per cent. of that of the city of Berlin from 1783 to 1787. In France during the whole of the eighteenth century 3,000 people died annually of smallpox.

Whole races of men were carried off in Brazil, one-third of the population of Iceland in 1707, and two-thirds of that of Greenland in 1734. It is computed of the century preceding vaccination that fifty millions of people died in Europe of smallpox.

The nineteenth century gave us anesthesia and antiseptics.

The germ theory of disease, and the ability to prevent smallpox by vaccination, are the two foundation stones on which are erected the whole superstructure of modern medicine.

About one hundred years ago the president of the Royal College of Surgeons in his annual address stated that the surgical art had well nigh arrived at perfection and little improvement need be looked for except in increased manual dexterity on the part of the individual operator.

While our art has progressed more in the past half or three-quarters of a century, than in all its previous history, comparing favorably with other branches of science excepting none, we must not delude ourselves with the thought that we have attained even a semblance of perfection. To every clear-thinking and far-seeing member of our profession it must be obvious that we are but beginners and that we are hampered in our curative efforts by our lack of diagnostic ability, and that future mankind will look to us for prevention of disease, even more than for cure.

Comparatively recent statistics, from both

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American and European hospitals, compiled from autopsy findings, indicate that in nearly 50 per cent. of fatal illnesses, incorrect or at least incomplete diagnoses were made. How much higher must this percentage have been fifty years ago, and let us hope it may be much reduced fifty years hence.

Fifty years ago the young man who entered upon the study of medicine generally felt a call to this noble profession; was often profoundly influenced by the life and character of him, whom he chose for his preceptor. His ideal was the cure of disease, and his commercial instincts were not cultivated in any particular measure. His medical course was often limited to a single course of lectures, yet in many instances his skill and erudition compared favorably with the practitioner of to-day.

The commercial spirit which has prevailed the medical profession for the past twenty-five years was fostered by the commercial medical school.

Statistics as to the success or failure of graduates were not available, and few States had a medical licensing board, so what mattered it where his studies were pursued since the title of M. D. gave all the prestige necessary. Even to-day the public are very poor judges of doctors. Neat dress and appearance, agreeable manners, conformity to religious and social usages together with a lavish style of living, often carry one farther on the road to success, than character or ability.

I shall never forget my father's bitter disappointment when, after graduation from medical school, I announced my intention to spend eighteen months as a hospital interne.

A schoolmate and friend whose graduation ante-dated mine by two years, had immediately begun practice in a small town in Michigan. He was visiting my home the day the letter announcing my hospital appointment was received, and he assured my father that since he had put three thousand dollars on his books his second year in practice that an internship was not only unnecessary, but arrant folly, and a downright waste of time.

To father's commercial mind my M. D. fitted me for medical practice, and at twenty-four it was high time I began earning a living. Fortunately, however, other medical friends of the family interceded in my behalf, and I was permitted to accept my hospital appointment.

Twenty years ago but a small percentage of medical graduates took an internship,

while now 95 per cent. of the men from the best schools do so, and our State of New Jersey is so progressive, that after 1916 no physician will be permitted to take the examination for licensure, except he has served at least one year as a hospital interne. This step will no doubt be taken by many other States in the near future. In fact, so rapid has been the increase in the requirements for medical licensure, that during the past five years, some recent graduates have found themselves ineligible for practice except in certain States where low standards prevail.

The progress in medical education is in a large measure due to the better organization of the medical profession. For many years the American Medical Association was a weak and inefficient body taking little or no active part in medical sociology, limiting itself solely to the field of scientific medicine. Under its more active and efficient policy, the association, fifteen years ago, began the collection of statistics regarding medical colleges, students and graduates.

These statistics were published each year in the Journal, and many tables were compiled, showing the comparative number of students, graduates, and failures before various State boards. Later, requirements for admission, number of instructors, laboratory facilities, and number of hours given the various branches were investigated. Naturally the poorly equipped commercial schools, run for profit alone, were hard hit by these revelations and a great outcry arose from various quarters. Charges of inaccuracy and unfairness were made, and the specious pleas and explanations from some of those whose methods were exposed were both amusing and pathetic. As the Journal proved unwavering in its policy of publishing these facts each year, the A. M. A. was accused of being autocratic, and the methods and motives of its board of trustees impugned.

This struggle in the body of the most powerful medical organization in America was viewed with great glee by the antis, the irregulars, and the patent medicine interests, who took occasion to refer to our efficient organization as a medical trust. Despite active opposition the progressive element won and the American Medical Association is now well embarked on a program of medical enlightenment which few of us realize or can appreciate.

The report on medical education by Flexner's committee of the Carnegie Foundation



more than corroborated the findings and claims of the A. M. A. The publicity given these facts has aided materially in the elimination of the low grade medical school.

In 1901 there were 159 medical colleges with 26,417 students. The figures of last year show but 95 schools with 14,891 students. In 1901 we had more medical schools than all the rest of the world combined, with five times as many physicians per thousand population as Europe. Even at the present rate of reduction the proper ratio will not be reached before 1950.

The overcrowding of our profession, particularly with incompetent men, has fostered a competitive commercial spirit and lowered our standard of ethics and morals. If we have suffered loss in consequence how much greater has been the loss of the public whose health is intrusted to our care?

The toilsome journey of mankind along the road of civilization for the past thousand years, affords the pessimist little occasion for joy or hope. The present conflict in Europe causes one to almost doubt the fatherhood of God and the brotherhood of man. Too many of us likewise, the evils and misfortunes of our profession seem unsurmountable.

Not infrequently we hear some physician bewail his hard lot, and aver that no son of his shall enter upon the study of medicine. If ambitious for wealth no young man should be encouraged to enter this field, as it is the most expensive profession to acquire, both in time and money, and but rarely gives financial return commensurate to the effort expended.

Some of its disadvantages are, duration of preparation, comparatively small income, lack of uniform State licensure, abuse of medical charity, lodge practice, the addiction of the public to patent and proprietary nostrums, and the ever present irregular schools and cults in almost infinite variety.

Some of its evils are: Entering the field of medical practice with inadequate preparation; being actuated largely by material and pecuniary reward; professional jealousy; acceptance of commissions from druggists, opticians, and commercial houses; prescribing proprietary remedies the formulas of which are known but in a general way; medical expert testimony; pseudo-specialism; the excessive fees of some city specialists; fee-splitting, and its attendant unnecessary operations.

Some of these disadvantages and evils can not be fully corrected, but in many instances active measures are being taken for

their amelioration. It is my opinion that in the comparatively near future competitive commercialism will be eliminated from medical practice among the industrial classes. This means the socialization of a large number of our profession.

While this may sound radical, it is in strict accord with modern tendencies, along all lines of social progress, and will solve many of the difficult problems now confronting the medical practitioner.

It is unfortunate that so many members of our profession see only evil and misfortune to us, in these modern tendencies. Lodge practice, industrial insurance against illness, and the abuse of medical charity, have been fought by the organized medical profession with little success for the reason that from the point of view of the public they are inherently right. Lloyd George's plan of medical care of industrial workers in England was fought tooth and nail by the organized medical profession, and the direst prophesies of disaster to the physician were made. Much to their surprise, however, the plan has worked well and the average income of men treating this class of patients has been increased instead of diminished. Obviously no such radical change as this was brought about without injury to certain members of our profession, but on the whole the profession of England has been, at least not injured, and the public markedly benefited.

A like socialization of the profession is bound to come in this country, and instead of opposing it we should encourage it.

Our profession is avowedly an altruistic one and when competitive commercialism shall have been removed from the rank and file, our opportunity for service to humanity will be second not even to the clergy. Large incomes to men of average ability will be lessened but the surgeon, internist, sanitarian or specialist of superlative skill will still be able to command large fees, and the rank and file will be in a much more enviable position both socially and financially.

The principal reason why we should welcome this plan, is because it will rid us of that "old man of the sea," medical charity. This burden we have carried from time immemorial despite its manifest injustice. Why should medical charity be borne by the individual members of the profession? As well expect the food of the indigent poor to be supplied by the tradesman gratis.

The present system has resulted in the unfair custom of making the well-to-do and honest, pay for the services rendered to the

poor and dishonest. It is responsible for the abuse of medical charity in our various hospitals and dispensaries.

The trend of events in the evolution of medicine is shown in the army, navy, and marine hospital services, in the sanitation and public health work of our small municipalities, medical school inspection, free medical examinations to policy holders by life insurance companies and the tendency of men outside of hospitals and clinics to take up what Dr. Joseph Beck has so aptly designated as "team work." The Mayo clinic is a shining example of "team work" and Dr. Beck in his recent presidential address before the American Academy of Ophthalmology and Oto-laryngology stated that there were about 75 such teams in Chicago alone.

When the Constitution of this United States was drafted, it was found that a constitution framed for the best government would not be accepted by the colonies owing to their jealousies and fears, and to the ingrained opposition of the majority to centralized government.

While the pernicious doctrine of state rights results in the waste of millions of dollars for the nation every year its fallacy is no better shown than in the administration of the public health.

We should have a National Bureau of Health with centralized powers covering all matters pertaining to public health, including the practice of the healing art in all its phases.

The matter of good or ill health has been but recently appreciated by the medical profession, and to the general public it is as yet practically a sealed book. To my mind, it is the question of the hour, more important than politics, education or even religion. Opposition to compulsory education has practically disappeared, but mandatory laws on public health are often actively resisted on the plea of "medical freedom."

The Democrat, published at Lamar, Mo., in an editorial last June, said in part:

"Every week we read a journal that is devoted quite hotly to medical freedom. Judging from what this seven-day periodical of enlightenment has to say we are in great danger of a vast medical trust, that will sit heavily and ruthlessly upon us, poisoning us with deadly serums and vaccines, gagging us with nauseous decoctions of mephitic herbs.

Is there really anything the matter with our present medical freedom in this country? Is there any damn fool "ism," any ab-

surd claim, any sort of 'eny, meny, miney, mo" business that we cannot try upon our diseased and tortured bodies if we are so minded?

Truth compels us to answer, none.

Consider for a minute what has been done by the regular school of medicine against which, in the name of freedom, we are so vociferously and so repeatedly warned. Then consider the achievements of the various schools cults, 'isms and creeds that would supplant this profession and consign it to forgetfulness.

Who is frantically and supplicantly in demand upon those long battle lines in Europe? Is it chiropractics? Is it osteopaths? Is it Christian Science healers?"

The politicians grow elequent on the various rights of mankind, but who is championing man's right to health, his most important right. Of how little value are suffrage, property, education or religious freedom to him if he suffer from chronic ill health or dies prematurely of preventable disease?

But a few generations ago disease was accepted with resignation as a just visitation of divine providence, but we now realize, that ignorance is sin, and that the man who drinks infected water dies of typhoid, despite his ignorance or the prayers of his clergyman.

The death rate in civilized communities has been cut in half during the past 50 years, and nowhere is the progress in medicine and sanitary science better shown than in the war now being waged in Europe. It is well within the bounds of reason to expect as great progress in the present century, as has occurred during the past 500 years.

That we shall have a National Bureau of Health in the near future is a foregone conclusion, but just how much the rights of the separate States shall be delegated to this board is problematic. As a step toward uniform licensure, it is expected that there will be established next year a National Licensing Board, whose licentiates shall be eligible for practice in the army, navy and marine hospital service, District of Columbia, and the Territorial possessions of the United States. This license will confer no right on its holder to practice in the various States but it is hoped that the standard of this National Board will be so high that in time its licentiates will be accepted by the various State boards without examination.

With the disappearance of the commercial medical school, every State university will have a medical school as one of its de-



partments, and supervise medical education. This will in no wise interfere with the excellent work of the highly endowed medical schools like Harvard, Hopkins and Columbia. Many of the larger States can support several medical schools other than that of their State university.

One of the objections to the higher standards now demanded for the profession of medicine is, that its enforcement will exclude many poor and deserving young men who would make excellent physicians. It should be obvious to all that the medical school of the present, much less of the future, can not be supported by the tuition fees of its students. Therefore, scholarships for poor and worthy students must become more and more a feature.

Every community has as great need of a public health service as of a public school system. Under the control of this bureau should not only come all matters of hygiene sanitation and preventive medicine, but municipal hospitals and clinics for the treatment and care of all industrial workers and their families. The physicians employed in this work should all be paid salaries commensurate with their skill and the time involved.

This need not interfere with men engaged in private or special practice nor with private or special hospitals any more than the public schools interfere with private, or parochial schools or the higher institutions of learning. If any individual entitled to this free public health care and treatment, chooses to go to a private practitioner and pay more for presumably better service, there can not be the slightest objection to his so doing.

To those who object to this plan on the score of expense and excessive taxation, it may be said, that if large industrial insurance corporations can do this work and from the small premiums exacted, pay large dividends to their stockholders, a municipality should be able to carry on this work without appreciably adding to its tax rate. No one can deny that willy nilly, the expense of vice, poverty and crime is borne by the public at large.

The three great scourges of the human race to-day are tuberculosis, venereal disease and alcohol, and of the three alcohol is the greatest since the other two are directly or indirectly dependent on its use. Tuberculosis is a disease of the poor and what robs the poor man and his family so much as drink? Cut out the drink feature and the social evil would be a puny weakling

compared to its present robust proportions.

Alcohol is not a political or religious problem but a social and medical one, and most of the present efforts for its solution are directed along wrong lines. The vicious evils of our present political system, the vested financial interests involved, and the perverse belief of the majority of men in their right of personal freedom to do as they choose, regardless of injury to themselves or to others, seems to preclude all hope of control by act of legislation.

This is well shown by the passage of the recent Harrison law. The interests financial and other did not have influence enough to prevent its passage. The act is not meant to supply a source of revenue to the government, but to stamp out the use of the habit forming drugs, cocaine, morphine and their substitutes. How puerile it seems to give so much effort to the salvation of a few thousand poor, miserable devils most of whom are drones and weaklings.

How few are the ills inflicted on society by the inoffensive "dope fiend," as compared with the alcoholic. The drug habitue generally enjoys his debauch in secret, but the alcoholic "goeth forth like a roaring lion." He not only wastes his time and substance, but is mudlin, profane, unclean, obscene, brawls and fights, insults and abuses women and children, violating all sense of public decency. He acquires and spreads venereal disease, commits assault, rape and murder, yet is often excused as he was drunk and knew not what he did.

Contrast the attitude of our Federal Government on the use of alcohol and of morphin and cocaine. The billions of dollars of internal revenue derived from this traffic in the health of its citizens, our government takes, and smugly swallows the flimsy pretext of the liquor interests, that this money is clear profit and lowers the tax rate. As well license the pickpocket or the hold-up man because he gives half his ill-gotten gains to the public treasury.

What medical man does not know the contribution of alcohol to our almshouses, charity hospitals and insane asylums? What is alcohol but a drug? Who so well qualified to supervise its distribution as a capable and efficient bureau of health?

The increase of temperance in our land to-day, is not so much due to the activities of the W. C. T. U. or the clergy, as to the fact that it is becoming known that even the moderate drinker, is less efficient and not as long lived as the total abstainer. There is no sentiment in a life insurance

company when it gives the total abstainer a lower premium rate than the moderate drinker.

Under present conditions the very rich and the very poor get the best medical service, but the self-respecting poor who make up the largest share of industrial workers, are at a distinct disadvantage. When treated as private patients they do not get urinalyses, blood counts, Wassermann's and the dozen old advantages of the hospital patient on account of the expense involved, so unless such means of diagnosis are absolutely imperative they are often omitted.

When a young man picks out the army or navy as a career he is generally imbued with the spirit that prevades all branches of these services. He does not expect to become wealthy as an officer in his country's service. The spirit with which one enters on the study of medicine should be the same, and the future of the medical profession will doubtless be somewhat as follows:

1. The entrance on the study of medicine with the frank avowal of a career for service to one's country and suffering humanity.

2. Medical departments for State universities, with the expense of medical education, largely borne by the State. This will obviate the exclusion of poor but worthy and capable young men from the profession on account of the high cost of medical education.

3. A National Bureau of Health supervising and co-operating with State bureaus of health having supervision and control of all matters pertaining to sanitation, public health and preventive medicine.

4. Public medical service for industrial workers and their families, similar to our present public school system. Compensation of physicians engaged in this work to be regulated by the character of the work done, and time given to the work.

5. Uniform State licensure.

6. More than one grade of practitioner, thus shortening the period of preparation for those who wish to do only routine sanitary, public health, laboratory or industrial work. Opportunity for study and advancement for such as may desire to become internists, surgeons or specialists, and special licensure for those who attain this greater proficiency.

The American Ophthalmological Society, the American Academy of Ophthalmology, and the Ophthalmic Section of the Ameri-

can Medical Association have just established a licensing board that the profession and the public may know which of our members are competent to practice ophthalmology.

7. Hospitals and dispensaries largely under the supervision of the Bureau of Health. All internes, and members of staff salaried. Heads of departments able men with adequate compensation as in the Peter Bent Brigham and Johns Hopkins hospitals. If service is not large enough to occupy all such physicians' time, payment in proportion to the time spent.

8. Old age pensions and employment in departments of medical service for which the aged medical man is fitted.

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### TUBERCULIN THERAPY WITH SPECIAL REFERENCE TO THE COMBINATION WITH, OR IMMEDIATELY FOLLOWING TUBERCULIN ADMINISTRATION.\*

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BY ELLIS BONINE, M. D.,  
New York.

Of all the diseases that man is heir to, tuberculosis is the most sadly neglected by the physician in proportion to its prevalence. We have stamped out smallpox and the very shadow of its past causes every community to spend thousands of dollars against its possible return, using police force, if necessary, to compel vaccination. Millions of dollars are being spent in cancer research. In tuberculosis, however, we are content with segregation, the physician ordering fresh air and forced feeding, or placing the surgical case in a hospital for cripples, and there his concern ends.

Is it because tuberculosis is slow in coming and long in staying, attacking young and old alike, that we have grown so accustomed to its presence and are prone to neglect it? To those of us who are facing tuberculosis with all its problems daily, the reality stands out. An acute plague such as smallpox which either kills or leaves the victim fully recovered, or malignant disease which usually attacks those who have partaken of more than half of their allotment in this world, and proves fatal in a comparatively short time is not as great a burden. Tuberculosis either kills its victim or leaves him crippled and struggling, a burden to himself and his neighbor. It is par-

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\*Read at the Academy of Medicine of Northern New Jersey, stated meeting January 19, 1916.



ticularly the latter that has attracted my attention and led me into my work in tuberculin therapy.

Tuberculin therapy, as you know, is an immuno-therapy, and one of the most puzzling things to me in the early stages of my work was, how it was possible for tuberculin to be efficacious in one form of the disease and not in another, since the etiology is always the same. However, in delving deeply into the literature, one finds that there is a champion for tuberculin therapy in every form of tubercular infection.

Eliminating their failures, we find successful treatment with tuberculin for every form of tubercular infection, thus my early impression, that, being an immuno-therapy, tuberculin therapy is applicable to every form of tuberculosis is confirmed, the degree of success depending entirely on the management of the case, the application of the proper secondary therapeutic measures and in the correct method of tuberculin administration. Several years of experience have justified these conclusions and at this time I am able to point out the following important elements which go into the making of various forms of tuberculosis and which must constantly be borne in mind, and with proper therapeutics applied, the tuberculin efficiency of tuberculin therapy will be more universally acknowledged.

*First*, and foremost, tubercular lesions are highly susceptible to other invading organisms, and we have mixed infections in a large percentage of cases.

*Secondly*, the process of tuberculosis tends to form cavities and fistulæ which according to the law of nature, cannot remain empty. Through the mechanisms of trans-fusions, or through osmotic pressure, these are constantly filled with lymph or blood serum which forms the best culture medium for bacterial growth.

*Thirdly*, hyperemia.

—*Fourth*, assimilation.

There are many other indications for auxiliary therapeutics in tuberculosis, but they are of such a nature that they cannot be overlooked, presenting themselves, as they do, in the simple category of every-day medicine. But these four elements, while they are not entirely newly presented in this paper, have not been presented as of primary importance, overlooking the mechanisms where its clarification simplifies the treatment, and in presenting the doctrine of forced feeding, the physiology of nutrition

was not adequately presented, leading, as to gross exaggeration and much harm.

#### MIXED INFECTION.

It has become clear in late years that if we are to apply immuno-therapy for tuberculosis we must include the same form of therapy against the mixed infection organism, thus we have the constantly increasing use of vaccine associated with the use of tuberculin. A great many mixed infection cases have shown the streptococcus an almost constant offender. Very often a clearing of the streptococcus by vaccine will be followed by sterilization of a discharge, or an appreciable diminution in the amount of cough, even though there be present other organisms, for which a vaccine was not used. However, we have to deal quite frequently with the staphylococcus, less often with the micrococcus catarrhalis, the pneumococcus, the colon bacillus, and very rarely with the Friedlander and influenza bacilli. The administration of vaccine should go hand in hand with tuberculin treatment except that it must be given at such time when it does not interfere with the tuberculin reaction, that is, either twenty-four hours before or forty-eight hours following the tuberculin treatment.

The dosage in chronic cases is somewhat higher than in acute, streptococcus usually being 50 mil. and the staphylococcus 200 mil. in the chronic, and about 20 mil. of the streptococcus and 150 mil. of staphylococcus in the acute. All the other bacteria average about 25 mil. as a beginning dose except the colon of which 50 mil. to 100 mil. can be administered. Subsequently the dose is increased by about one-fifth of the first dose at each succeeding dose until four or five doses are given, and if no marked improvement has occurred a sudden doubling of the last dose will often bring immediate results. A small increase of the effective dose should be given subsequently in order to maintain the improvement. I am using autogenous vaccine almost exclusively. Stock vaccines are of equal benefit in a great many instances and since in some quarters it is difficult to obtain the autogenous vaccines, we must consider stock vaccines only, but as in the case of autogenous vaccines, we must demand from the manufacturers of stock vaccines the same disposition of the bacteria as in the case of autogenous, that is, to place each bacterium in a separate container and make the highest concentration possible.

In this way, it will be simple to exclude

the already disappeared organisms from the discharge, or vary the proportion as the case may indicate. For instance, if the sudden doubling of an 800 mil. dose of staphylococcus is indicated because the staphylococcus seems to exist in the pus in large numbers, whereas the streptococcus has almost disappeared, the doubling of the dose of streptococcus at the same time necessitated by the mixed vaccine will produce a negative phase for the streptococcus, and although you have diminished the staphylococcus you may injure the patient by a sudden extension of the streptococcus infection.

There would be much less criticism of the manufacturers of vaccine if they offered their product as polyvalent concentrated vaccines in individual containers, leaving the mixing of the dose to the physician instead of mixing them in shotgun fashion and advertising them as ordinary proprietary "cure-alls." Several of the larger pharmaceutical houses are now placing on the market simple vaccines of high concentration so that there is no longer any difficulty in getting the proper stock vaccines.

The correct diagnosis of the offending organisms thus becomes of the utmost importance in the successful use of the vaccine. The examination of a smear gives the most adequate clue as to the causative organisms, even more so than the cultural growths, for the latter will very frequently show an abundant growth of an insignificant virulent bacterium and the failure of growth of the bacteria which is responsible for the mixed infection.

Even for autogenous vaccines a smear diagnoses is essential in order to be able to specify the bacteria of which a vaccine should be made, thus not only will you avoid the use of a vaccine of the wrong organism because it happened to grow readily in your culture tube, but you will spare your patient the expense and the laboratory the trouble of making several indifferent vaccines. Again it may happen that the offending organism fails to grow altogether, the demand for specified vaccine will enable the laboratory to report the absence of such growth enabling us to send other cultures, perhaps on more suitable media. Thus it is readily seen that one of the greatest elements in the failure of vaccine therapy will have been eliminated.

In concluding the subject of vaccines, I wish to point out that the work with simple vaccines is very gratifying. I have very often used vaccines for multiple infection,

one after another instead of mixed together. I grant that it takes much longer in some instances to overcome the mixed infection, but again, it very often proves that a number of bacteria can exist in a parasitic form and disappear with the virulent one without the use of vaccines. As to the extra time it takes when such is not the case, I can only say that the course of tuberculin treatment lasts long enough in the most favorable case to do all the experimenting with vaccines one desires, while at the same time the advantage from the insight one gets into the vaccine therapy and the experience gained in the relation of vaccine therapy to pus appearance in the smear is of inestimable value.

#### THE PREVENTION OF INFECTIVE ACCUMULATIONS.

More and more of us are coming to realize that infectious organisms might grow in our bodies and be a constant menace to us and still be beyond the reach of the protective element in our circulation. In the case of a tubercular cavity into which a constant transfusion of serum occurs what can prevent bacteria from growing in the best of culture media, and how can our antibodies reach these bacteria, whether they be naturally formed or produced by the stimulation of tuberculin administration? The small amount of antibody that the serum carries into these cavities is soon rendered inactive by a very small number of bacteria. If the cavity has an outlet in the form of a fistula reinfection can constantly occur and if there be no outlet a tryptic ferment soon appears which digests the tissues in the walls of the cavities, constantly enlarging them until a channel for drainage is digested through the point where the cavity reaches the surface. This explains how tubercular abscesses finally point and the contents still are found to be sterile.

No cavity in the body can remain empty. The law of osmosis prevents that. Does it not follow that to prevent mixed infection and accumulation of ferments which prevents the healing of cavities, we must do something to obliterate the cavities while we are mobilizing our curative forces to eradicate the disease? This is easily accomplished with a substance which can easily be introduced into cavities through small fistulas and which is of a higher specific gravity than the tissues surrounding the cavity and is at the same time non-irritant. Beck's paste fulfils these requirements. It is fluid when warmed so that it can easily be introduced through the small-



est opening. It is not irritating to the tissues and can be left in the cavity for several days without renewing and bismuth being a metal it renders the consistency of the mass of very high specific gravity. Bismuth paste consists of ten, twenty, or thirty parts bismuth and 90, 80 or 70 parts vaseline. The weaker bismuth paste to be used in deeper cavities until we are sure that no idiosyncrasy to bismuth poisoning exists. Five, ten or even fifteen parts hard paraffine can be added where the fistula is large and requires a harder consistency to prevent it from running out too soon. On the other hand, if we bear in mind that bismuth paste exerts no physiological effect on the tubercular lesion but only mechanical, it follows that other substances may be used with equally good results where bismuth is not tolerated or contra-indicated. For instance, white vaseline alone should be used where the fistulous tract is very long, narrow and tortuous, rendering the removal of the substance difficult or impossible. Bismuth paste in this case will become hard and form an irritating calculus. Again, olive oil or liquid paraffine can be used with great advantage in pleural cavities, lung abscesses and in cold abscesses. In the last instance it can be injected through the needle after aspiration. Whatever the method used, keeping cavities and fistulæ filled, will spare a great many of our unfortunate youths from many years of daily nursing of lesions and put them in the proper spheres of health and happiness.

#### HYPEREMIA.

Without hyperemia there is no cure of any infection. The constant symptom of infection is redness or hyperemia. Nature dilates the blood vessels around the point of entry by an invading organism in order to allow the transfusion and transmigration of the protective elements through the walls of the blood vessels and, by increasing the amount of blood, the larger amount of these protective elements can be brought in opposition to the invader. It is, therefore, absolutely essential not only to investigate the mechanism of hyperemia around that particular lesion to make sure that no obstruction exists, but to encourage it in every possible way at our command.

Immobilization by means of suitable appliances and plaster casts is essential where they are indicated, but I have frequently removed a cast which caused obstruction to the circulation over the lesion, preventing hyperemia. Not only will this prevent the individual's own antibodies

from reaching the point of infection but will render tuberculin or vaccine useless. Tight bandaging before or at the time of tuberculin administration will prevent the expansion of the joint or any other lesion when the tuberculin induced hyperemia occurs, thus preventing the protective elements from exerting their maximum influence.

These points may seem trivial, but in long experience one learns to respect them. More than once have I been called to see a patient that had been treated by a colleague even under my direction without apparent benefit, to find that a plaster cast exerted pressure where the circulation was most needed. The removal of the cast in part so as to remove the pressure without interfering with its mechanical effects would change the whole aspect of the case.

Bier's hyperemia wherever practicable, and properly applied would certainly aid immuno-therapy in tuberculosis.

#### ASSIMILATION.

The subject of assimilation deserves a great deal more attention than is usually given it. Here again, as in the case of bismuth paste, a great many of us have taken the subject of forced feeding literally and have probably injured a great many of our patients by the lack of consideration as to its aim and purpose. The tuberculous individual more than any other needs nutrition, but does the partaking of a lot of food mean increased nutrition? If more food is given than can be taken care of by the individual, do you not throw an added burden upon the already taxed system? And in the effort to take care of the extra food, do you not attract the circulation to the gastro-intestinal canal to an unwarrantable degree and thus prevent hyperemia where it is most needed, at the lesion? One must carefully weigh the amount of food to be given with the amount that can be assimilated, and the more I see of patients afflicted with tuberculosis of the lungs the more this truth stands out. How many pulmonary cases have been placed in bed, removing in a large measure one of the important elements of assimilation—the muscular system, practicing forced feeding at same time. The results I need not go into, but surely the object of forced feeding as originally intended is lost under these circumstances. I have taken patient after patient out of bed and put them on an increasing amount of exercise, at the same time allowing only just so much food as I thought the individual could assimilate, daily in-

creasing the amount in proportion to the increase in exercise, being constantly on the lookout for symptoms of overfeeding and so accomplished more toward improving their general condition than by anything that was done for them before. Good nutritious food requiring the least exertion on the part of the gastro-intestinal canal to digest it, falling short of overdistension of the stomach should be the aim in every tuberculous individual, even though it may mean less food than is given to a normal individual of the same capacity. The exercise of the muscular system is absolutely essential, so essential that I have taken the responsibility of keeping patients at their employment after they had been told that they had to give up their work, that absolute rest was necessary and I have had surprising results. I have put patients back to work that had been for six months or a year away to different climates and were suffering from a recurrence. They subsequently told me that keeping them at their occupation was the thing that saved their lives, they were sure of it, and that the tuberculin merely helped.

Leaving home and occupation with their condition constantly confronting them and with plenty of time to brood over it, is certainly not the best state of mind for a sick individual to be in. I do not want to be understood as advocating employment for all tuberculous individuals, but if we can demonstrate that we can cure them while they work we will be able to get a great many more cases in their early stage. With ostracism and banishment staring them in the face many a person with a cough tries to fool himself into the belief that it is only a cold and delays going to a physician for fear of being told that he has tuberculosis.

Keeping an early case at work and with his family with tuberculin, for the danger of spreading the disease in the early stage is very slight, will be the means whereby we will prevent the breaking up of many a home.

### HELIO THERAPY.\*

BY HENRY J. SPAULDING, M. D.  
Union, N. J.

Heliotherapy is the treatment of disease by exposure of the body to the sunlight, or the therapeutic use of the sun bath. This method was first used scientifically by Rol-

lier, of Lysin, who in his three hospitals in the Alps has had wonderful results in the treatment of surgical tuberculosis.

We will speak first of Rollier's method of using sunlight.

The patient is naked, save for a loin cloth, and is exposed to the sun for five minutes the first day, two periods of five minutes each the second day and increasing the time of exposure five minutes each day until they are exposed for the whole day. During this time a hat or cap is worn to protect the head and eyes. The object in view in exposing the body gradually to the sunlight is to prevent the skin from burning and to allow the skin to become tanned, as the tanning of the skin makes it more resistant to infection and accelerates healing.

Patients with tuberculosis of the spine have a plaster cast applied in usual manner and a window is cut in the cast over the tubercular process and sunlight applied in above manner to the flesh through the window.

Heliotherapy has also been used by Schaffer at the instigation of Finsen, of Vejlsfjord Sanatorium, Denmark, since 1902. Three hundred and sixty-four patients were treated at this institution by graduated baths, five minutes for the first bath, increasing the length of time gradually until they were exposed for one hour; the other measures used at this sanatorium do not permit of longer time for baths. No untoward effects were noted other than a feeling of fatigue in a few and in some others there developed an erythema.

No appreciable effect was noted on the pulmonary condition. Three cases are cited, one with bilateral pleurisy, and swollen mediastinal glands and continued fever; under Heliotherapy the fever which had resisted other treatment subsided in one month and the general health was benefited. Another in the second stage of pulmonary tuberculosis with pleurisy. The pleuritic dullness disappeared in three months.

Knopf's directions for taking a sun bath: A sunny room and clean floors; room heated to 70-75 degrees Fahrenheit. Patient undressed, a warmed sheet and blanket on the floor, lay on blanket with head in shade on a cushion, gradually uncovering the body as the sun warms it until entire body is in sunlight, remain so for from one-half to two hours.

Some contra-indications are high temperature, haemoptysis and very advanced

\*Read before the Hudson County Medical Society, November 9, 1915.



stage of pulmonary tuberculosis. Prolonged exposure without proper preparation is apt to be followed by headache and evidences of serous meningitis, according to Grawitz and Romer, who relieved the headache and confirmed the diagnosis by spinal juncture.

Some of the results of heliotherapy: Of 369 cases treated by Rollier, 284 recovered, 48 were improved, 21 unimproved and 16 died. Of 27 cases of peritonitis, 17 recovered, 3 improved, 4 unimproved and 3 died.

E. Kissel used heliotherapy combined with Bier methods with good results in cases of fistula and in lupus. Felton and Stottzerberg claim that heliotherapy gives as good results at the seaside as in the mountains, while Ladel holds that heliotherapy is disappointing except at high altitudes. Gavain and DeVoss say that it is most useful in surgical and in septic cases.

Lovett and Fish conclude that even in the winter climate of New England "That living outdoors is not attended with risk of respiratory trouble, frost-bite or pneumonia." Janbert uses sunlight in the treatment of chronic ulcers of the leg and claims as good, if not better, results than with scarlet red. Webb finds heliotherapy of much benefit in the treatment of bone, joint and glandular tuberculosis.

Warner finds that the bone tubercle healed by heliotherapy is characterized by:

- 1, Disappearance of atrophy, increase of healthy lime salt content; 2, repair of structure; 3, sharp demarcation between healthy and diseased bone; 4, regenerative process—that is the formation of osteophytin—rearthrosis and remoulding of joints; 5, absorptive phenomena.

Richter claims that arc light is just as efficient as heliotherapy.

#### CAESAREAN SECTION.\*

BY EDWIN FIELD, M. D.,  
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*Chief Surgeon, Monmouth Memorial Hospital, Long Branch, N. J.*

As this was to be an obstetric meeting, your president assigned a part of the operative obstetrics to me. Surgical assistance in the delivery of the foetus in dystocia, may be considered under five heads: Version, delivery by forceps, embryotomy, symphyseotomy and Caesarean section. The

subject of this article will be a few remarks on the last Caesarean section. This name is not derived from Caesar, as is thought by the general public, but from the Latin description of the operation "Caeso matris utero."

The operation was first recorded in 1610, though in all probability it is much older. It was always a very dangerous operation, a few years ago the mortality in England was 99 per cent.; throughout the civilized world it was 55 per cent., with the improvement of technic, the percentage has been very much reduced. In one report of 68 cases it was 5 to 8 per cent., in another of 27 cases 3 to 7 per cent.; another of 95 cases 9 were lost. In our local hospital in 13 cases the mortality was 1. In general practice the mortality remains high, in America, according to Harris' statistics, it is 30 per cent., but the operation in hospitals with good asepsis under skilfull hands the mortality should be 5 per cent. or less.

The operation for abdominal Caesarean section is comparatively simple, the patient being properly prepared, a long abdominal incision is made extending an inch or two above the umbilicus (as there is no intestines in the way this may be done very quickly)<sup>1</sup>, the hand is slipped into the abdominal cavity and the uterus is delivered. This simplifies matters and there is less danger of infection from the uterine secretions. Some surgeons do not deliver the uterus but pack towels around it in the abdominal cavity; a small opening is now made in the uterus, being careful not to wound the foetus, slip in the finger as a guide and enlarge the opening, either vertically or across the fundus, seize and deliver the foetus, give it to an assistant, an assistant in the meantime should control the hemorrhage by pressure of the hands around the cervix (it is better controlled in this way as a ligature or a towel held tightly around the cervix interferes in a measure with uterine contractions, the principal agent in stopping the bleeding), the uterus generally contracts quickly and forcibly. The vertical incision is preferred by many on the theory that there is less danger of infection, as the incision adheres to the peritoneum.

Thus far the operation is comparatively easy, and should take about one and one-half minutes and if a hysterectomy is not performed the uterus is closed in the following manner: First a row of sutures through and through, or the mucous membrane should be sutured independently, then a row of sutures through the muscular tis-

\*Read at the meeting of the Practitioners' Society of Eastern Monmouth, January 13, 1916.

sue about a quarter of inch interval, buried; these, and the through and through sutures are tied, and a set of Lembert sutures, closing the uterine peritoneum. This finishes the work on the uterus and the abdomen is closed in the usual way. If the pregnancy has gone to term and the labor commenced, it may be wise to empty the waters through the vagina as there might be less danger of infection, this should be done instrumentally, as it is claimed that after labor has commenced and the membranes are ruptured, infection is sure to follow a Caesarean section, if there have been examinations and the finger introduced into the lower segment of the uterus around the child's head. Vaginal examinations are always a potential source of infection when a section is under advisement and dilatation should never be attempted before a section. If a Caesarean section has been decided upon before allowing the patient to come to labor, no examinations should be made per vaginam, for days preceding the operation. There is a strong tendency among physicians to make frequent examinations during labor; one is sufficient at the commencement of labor to ascertain the presentation and no other should be made until the head has engaged the superior strait. The hand is a dangerous source of infection when introduced in the uterine cavity unless properly prepared and gloved.

In the choice of finishing the operation between celiohysterectomy and celiohysterotomy, it is the general belief that if a woman has been a long time in labor and futile attempts have been made to extract the child, if there is an uncontrollable hemorrhage, if there is an obstacle to drainage such as cancer of the cervix, or the presence of a uterine tumor which can only be removed with the uterus, celiohysterectomy should be performed. Of the two operations celiohysterectomy gives a lower mortality and a greater freedom from complications not only during the puerperium but in the patient's future existence.

*Extraperitoneal Caesarean Section.* No examinations should be made by midwives or nurses and no repeated examinations by those who have not mastered the technic of making vaginal examinations aseptically, and no attempt at dilatation if there is a possibility of an operation. If such examinations have been made and the uterus is already infected, the extraperitoneal is an advisable operation.

The patient is prepared as in other abdominal sections, the shoulders depressed

in the Trendelenburg position a transverse incision—Pfannensteil's—is made in the lower abdomen a few inches above the pubis and the recti muscles are also divided some distance above their attachment and the hand with a glove and gauze is pushed down in front of the abdominal peritoneum, crowding the bladder forward against and over the pubes and peritoneum upwards until the lower segment of the uterus is exposed and, as a further precaution against infection, the utero-vesical fold of the peritoneum may be stripped back and stitched to the abdominal peritoneum with close catgut sutures—this closes off the peritoneal cavity.

The uterus is now opened, in the lower segment a transverse incision is made and the foetus forced by abdominal pressure or delivered by forceps or version. Before the child is delivered the hips are lowered as there is less hemorrhage in that position. If the uterus is infected it may be drained either through the abdomen or vagina. If the incision is closed it is done with close interrupted sutures and the abdomen in the usual manner. In 28 cases reported, done in this way, 26 mothers and 26 infants lived. By making an inguinal incision along Poupart's ligament from the symphysis to the crest of the ilium the recti muscles may be avoided.

*Vaginal Caesarean section* is performed for eclampsia, placenta-previa, approaching or sudden death of the mother or in any instance where quick emptying of the uterus is demanded.

The cervix is seized with a volsella forceps and drawn down, a transverse incision is made and the mucous membrane is pushed up with a blunt instrument, after it has been separated from the cervix. A longitudinal incision is made from the external os up the lower segment of the uterus in the median line. The presenting part of the foetus then comes in view and is delivered by the forceps or version, care being taken not to tear the uterus. This operation cannot be done in contracted pelvis. The great danger is the hemorrhage; this may be very severe when the placenta is seated low down anteriorly. The incision then passes through the enlarged maternal vessels where the placenta is attached, the tissues are soft and spongy and sutures will not hold. Another point of danger is wounding the base of the bladder.

The anæsthetic generally used in these operations has been ether, but in some conditions that accompany pregnancy some



other form of anæsthesia is desirable. Dr. J. C. Webster, of Chicago, performed Cesarean section under local anæsthetic ten years ago. It was on a woman at full term with a fibroid tumor, oedematous from head to foot, with albumen and casts in the urine, an unfavorable case for a general anæsthetic. She made a good recovery. Since 1909 he has operated thirteen times under local anæsthesia chiefly for nephritic and pulmonary conditions unfavorable for a general anæsthetic, saving the mother in every case and losing but one child with defective heart. He used novocaine 1-200. Infiltration of the abdominal wall was necessary to the successful conduct of the operation.

It has been found that the parietal peritoneum was very sensitive and that covering the viscera was not sensitive. One could cut or stitch the intestines without discomfort to the patient. The uterus, broad and other ligaments, and mesenteries were intermediate between the parietes and viscera as regards sensitiveness. In incising the uterus there was no pain, in removing the child distress was sometimes caused, probably from traction on the uterus, and for the same reason distress was caused when the lower segment and broad ligaments were seized. The patients complain also if the ovaries were accidentally squeezed. Suturing of the uterus did not cause pain. He recommends it highly as a life saving measure.

In regards to the child there was less necessity for artificial respiration than in general anæsthesia.

There is really only one scientific indication for a Caesarian section and that is a contracted pelvis. When a tumor blocks the birth canal, and cannot be pushed up out of the way, a section is indicated and also the removal of the tumor together with the uterus if it is a fibroid, although fibroids almost always enlarge with the advance of pregnancy and recede after the uterus is emptied and returns to normal.

A woman with a pelvis of less than 8 cm. (3.2 in.), the question of an operation of some kind must be considered if she is permitted to go to full term. In the normal pelvis the anterior-posterior diameter at the superior strait is about 11 cm. (4.33 in.), the transverse 13.5 cm. (5.32 in.), in the lower strait from pubes to coccyx 9.52 cm. (3.74 in.), this diameter is movable, between the tuber-ischia 11 cm. (4.33 in.) These are all relative, because it is not always possible to measure a pelvis so exact-

ly that a positive measurement can be assured. For this reason it is advisable to let a woman with a moderate contraction go to labor, nor can one estimate the size of the foetal head and often in the second stage of labor after the membranes have ruptured with strong uterine contractions, the head will be moulded and a spontaneous birth or forceps delivery follow.

This operation has been performed in late years since the advent of modern asepsis for a variety of causes—uremia, placenta-previa, tubal and ovarian tumors, inertia-uteri and even post-partum hemorrhage. Tumors can very often be pushed up out of the way and removed at a subsequent and more simple operation. These operations are often unnecessary and should be avoided if possible. Probably many surgeons know the abdominal route better than they do the vaginal. There is no logical reason why it should not be done at every subsequent pregnancy. In short, one may say that once a Cesarean always a Cesarean. The cicatrix in the uterus is never safe, especially if there has been an abdominal infection and in subsequent confinements will probably have a rupture with all of its unfortunate sequellae. C. Davis had three ruptures in 180 cases, that is one in sixty and with section on a woman with a normal pelvis; she is always in danger in her future pregnancies, unless possibly it be a multipara with a large pelvis and torn or relaxed muscles.

Malpositions if diagnosed can be corrected before delivery, after dilatation and rupture of the membranes malpositions can be turned and delivered by version.

In uremia a surgical operation is not the treatment. Much can be gained by early emptying of the uterus. R. Peterson shows that in the vaginal Cesarean section in eclampsia of 530 cases, 124 died, a percentage of 24.4; in the abdominal section in 500 cases 174 died, a mortality of 34.8. In these cases the patient is already suffering from shock and a paralyzing poison, and an abdominal operation is not good surgery or obstetrics.

In placenta-previa, if there is a contracted pelvis or the woman has become pregnant late in life, or after a long period of sterility and the menopause is approaching Cesarean section would be advisable. R. W. Holmes states in one of his papers that 20 per cent. of the mothers and 36 per cent. of the infants had fatalities by operation and that 7 per cent. of mothers and 55 per cent. of foetal mortality by the obstetric





clarify the existing condition. To rely upon the non-familiarity of the average physician with X-ray plates and attempt to make a meaningless diagnosis is a detriment to this scientific branch of medicine and it will not enhance the reputation of the roentgenologist who makes it. A surgeon, who was one of the early workers in roentgenology, spoke very wisely when he enjoined the writer to "study this branch thoroughly, look over thousands of plates, spend your idle time reading up and don't make errors in your diagnosis; they may pass for a time but they will eventually come back to haunt you like Banquo's ghost."

That is the truth; the success of roentgenology is based upon actual corroboration. The roentgenologist may make excusable mistakes but he should not make inexcusable blunders nor, knowingly, faulty interpretations for want of better knowledge.

The hour is here when the roentgenologist is considered a very important adjunct to the medical and surgical staff and many operations are performed because of the roentgen diagnosis. A great responsibility! This makes the roentgenologist indispensable to every modern hospital and from time to time as necessary to every physician as is a pathologist.

This leads us to a consideration of the selection of a roentgenologist for a hospital.

Granting the existing demand for roentgenology and further granting the necessity for careful and scientific diagnosis, isn't it desirable to exercise as good a judgment in the selection of a roentgenologist as the hospital would in the selection of a surgeon or a pathologist? A technician will not do. A trained physician who is thoroughly familiar with gross pathology, clinical symptomatology and diagnosis and one who combines therewith a knowledge of electricity and photography, all of which culminating in a science of "plate reading" based upon "reasons why," is the only one qualified to serve as a roentgenologist to a hospital which considers itself modern.

The strides of roentgenology have been wonderfully rapid. From a specialty, at first limited to fracture cases and the locating of foreign bodies, it has developed into one of limitless fields. Gastric surgery is, to-day, hardly ever performed without previous roentgen examination wherever an apparatus is available. Who to-day will remove renal calculi without first making an attempt to locate them with the X-ray?

Still more recent are the advances in

heart and lung radiography. Bone lesions, sinus infections, pituitary changes and tumors, all come within the realm of roentgenology and we are only touching the ultimate possibilities. Here it is only necessary to mention the great advance of roentgen therapy in skin diseases and certain gynecological conditions. So we must come to look upon the skilled roentgenologist as a very important prop to the medical structure and as one who is more, or should be more, than the man who pushes the switch and sets off the flash.

The status of the roentgenologist also involves the status of the roentgenograms. In other words, the ownership of the plates is a matter which frequently gives cause for disputes. Dr. Allen, in his recent paper published in the Journal of the A. M. A., says: "The plate legally belongs to the hospital or to the roentgenologist and never to the patient."

This is sound and rational reasoning concurring fully with the writers views. The patient is referred to the Roentgenologist for a diagnosis and whatever means the latter adopts to arrive at this diagnosis should not concern the patient. It may be unnecessary to take a roentgenogram; fluoroscopy may suffice occasionally; how do we make that clear to the patient? Is it necessary to do so?

Roentgenograms are only a means to an end and the patient is only concerned with the end.

These conditions are identical with pathological and bacteriological reports. Diagnosis and information are required and not photographs. The roentgenologist is not a photographer. It is also well to bear in mind that the law demands of the roentgenologist that he identify his own plates in court; this alone is an admission that ownership is vested in him.

In court the roentgenologist testifies that the plate is a roentgenogram of the patient's arm, we will say, and that he found there a fracture. It does not meet with the requirements of the law to produce the plate only as evidence.

This same argument must be carried into civil and medical life. It prevents misuse of plates; it preserves the records; it protects the physician who referred the patient.

To further obviate misunderstandings the patient should never be told that he is sent to the roentgenologist for a picture. He is rather referred for a diagnosis of his condition.

My chief reason for presenting this con-

tribution is to bring these points forcibly to the minds of the profession of New Jersey.

2 Lombardy Street.

## FIBROID DEGENERATION OF THE APPENDIX.\*

BY ROBERT T. MORRIS, M. D.,

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New York City.

Among four well-defined kinds of appendicitis, fibroid degeneration appears to furnish the commonest lesion. It is an irritative lesion, not infective.

The term "appendicitis," without qualification, has come to stand for an acute progressive infective lesion, which attracts our attention so closely because of the violence of its symptoms, but this form stands only second in frequency of occurrence, according to my observation.

Another infective lesion, due to the extension of infection from other organs toward the appendix, gives us the extrinsic group of appendix infections. These are comparatively rare, and seldom make any violent demonstration.

The fourth form of appendicitis, an irritative lesion, not infective, depends upon distension of the tissues of the appendix with interstitial infiltrates. Other structures in the vicinity are distended with these same infiltrates at the same time, in the course of many diseases with obstruction to the blood and lymph circulatory system. The reason why attention is attracted to the appendix under these circumstances is because the inner structures, distended with interstitial infiltrates, cause such a degree of tension within the tight outer sheath that pain and irritation result. Very many cases of appendicitis presenting this irritative lesion are operated upon unnecessarily, without relieving the patient from the basic trouble, of which the appendix feature forms but a trifling part.

Now let us return to the commonest form of appendicitis, the irritative lesion, not infective, which is dependent upon a normal involution process with fibroid replacements of structures. This form of appendicitis takes the patient to the doctor's office more often, perhaps, than any other sort of appendix trouble, and yet it doesn't put the patient in bed. A patient who goes about

for years with a fibroid appendix in the form of a question mark, and who consults fourteen different physicians, will secure about eighteen different kinds of opinion about his case.

What is fibroid degeneration of the appendix? The appendix vermiformis as a vestigial structure has a tendency to disappear and to grow less in size in proportion to the colon after birth. Individuals of the asthenic group presenting a number of stigmata of decline appear to have fibroid degeneration of the appendix more frequently than do other individuals of normal development. Patients with enteroptosis and with the features of arrested development belonging to visceroptosis are prone to include symptoms of fibroid degeneration of the appendix, along with their other symptoms. During the year many hundreds of patients of this type are operated upon, without being given a full statement of the nature of the case; consequently much disappointment results. It is true that the particular feature of pain and irritation at the appendix site is disposed of, but these same patients may have ptosed colons, loose kidneys, insufficient ileocecal valves, bands of Jackson's membrane, cystic ovaries, relaxed iliosacral ligaments, or any one of half a dozen features which continue to cause discomfort. Why does fibroid degeneration of the appendix lead to discomforting symptoms? As the different coats of the appendix are replaced by connective tissue this hyperplastic connective tissue contracts, after the manner of such tissue elsewhere in the body. Nerve filaments persist in this fibrous tissue after practically all of the other normal elements of the appendix have disappeared. It is these nerve filaments, remaining like electric wires in a burned building, which are irritated by contracting connective tissue, and which send out an afferent impulse to a segment of the spinal cord. Little by little the normal structures of the appendix disappear. There is loss of mucous layer, submucous, lymphoid layer, and loss of part of the peritoneal layer when the mesentery of the appendix has itself undergone absorption. Sometimes little more than a fibrous string finally remains behind the peritoneum, to take the place of the appendix that was. Even in these latest stages nerve filaments continue to send afferent impulse to a segment of the spinal cord. From this segment of the spinal cord efferent impulses go out to cause what we term reflex disturbances. One efferent impulse goes to

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the skin, in the area known as the head zone for the appendix; another efferent impulse apparently goes to the right group of lumbar ganglia,—perhaps by way of sensory-motor synapses.

This particular feature of irritation of the right group of lumbar ganglia is important to the highest degree for purposes of differential diagnosis. If we press deeply upon the abdomen, about an inch and a half to the right of the navel and a little below, we shall press upon the right group of lumbar ganglia, and if the patient then winces, yet does not wince when we press upon the left group of lumbar ganglia, we may be quite certain that we are dealing with a case of chronic irritation belonging to the appendix.

Another characteristic sign for diagnostic purposes is distension of the ascending colon. Long continued irritation from an appendix undergoing fibroid degeneration appears to tire out the muscularis of this part of the colon. It then becomes relaxed, distended and filled with gas. By percussion we note that the ascending colon, day after day, is distended by gas; while the rest of the alimentary tract is not so distended.

The signs then which belong to fibroid degeneration of the appendix, the irritative lesion, the commonest form of appendix trouble, are:

1. Transitory pain and discomfort in the appendix region, of not sufficient degree to send the patient to bed, and extending over many years of time.

2. Hypersensitiveness of the right group of lumbar ganglia, determined by making deep pressure upon the abdominal wall about an inch and a half to the right of the navel and a little below that point. Not accompanied by similar sensitiveness of the left group of lumbar ganglia.

3. Habitual distension of the ascending colon with gas.

4. Various gastro-enteric disturbances partly due to irritative influences from the appendix, and partly due to other features of neurasthenic habit or arrested development, like sagging colon, loose kidney, and complications alluded to previously.

The treatment consists in removing the fibroid appendix in cases in which it appears to be chief malefactor. At the same time we must commonly explain to the patient that other features of the case require treatment quite as well.

## THE DIAGNOSIS OF SOME OF THE ITCHING DISEASES OF THE SKIN.\*

BY MAURICE SHAPIRO, M. D.,

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This subject has so often been written about that I am almost ashamed to appear before you with it. However, in my experience with Dermatology, nothing has struck me so forcibly as the fact that the general practitioner knows little if anything about the common diseases of the skin which causes itching. To the average physician all of the itching diseases appear alike; he treats the symptoms regardless of the cause. In fact he is like the patient who comes to us from his family doctor with the statement, "My doctor says I have skin disease." Just skin disease! As if the skin were subject to only one pathological condition. How fortunate would the human race be if it were true.

Unhappily we are confronted not by one disease but many. Hence it devolves upon us to differentiate the various affections of the skin in order to intelligently treat them. To discuss all of the diseases of the skin in one paper is an impossibility, and I have therefore limited myself to those common diseases which produce itching.

Now, what is the itching? Pusey defines it as "an aberration of the sense of touch due to exaggerated stimulation of the terminal endings of the sense of touch and analogous to pain." Here we have two factors, the sensory nerve ending and the cause of stimulation. The first factor is constant, the second varies. While the stimulation is normal no change is produced in the sense of touch, but once the degree or character of stimulation is changed itching or pain is produced.

The causes of hyper-stimulation may be classified as follows:

1. Extra cutaneous: (a) Thermal, (b) chemical, (c) parasitic.
2. Intra-cutaneous: (a) Metabolic, (b) parasitic.

The foregoing grouping, however, so intermingles that a better classification seems to be the following:

1. Thermal, 2. chemical, 3. parasitic, 4. metabolic, 5. neurotic.

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1. *Thermal*—Who has not seen the effects of heat or cold? Only too often are we called up to relieve those who in their endeavor to produce a coat of tan have been burned by the rays of the sun. On the other hand, the intense itching produced by frost-bite is a common spectacle to most of us. There is, however, a condition which most of us somehow or other overlook and that is, a papulo-pustular eruption with intense itching produced by exposure to heat from a furnace or other intense temperatures. At the Bayonne Hospital Dispensary, I have often been called upon to relieve this condition, and I have found, that if kept away from the intense heat these cases usually get well without much treatment.

2. *Chemical*—Chemicals in more forms than one have proven to be great offenders in producing dermatitis with itching. Those working in trades requiring the constant use of acids, alkalies, ethers, oils, copper, borax, sulphur, phosphorus, paints and varnishes, suffer from this form of dermatitis, erroneously called "trade eczema." Remove the cause and you produce a cure.

3. *Parasitic*—In this group we have several diseases produced by living organisms. The most common ones being scabies and pediculosis. The symptoms produced are due to the bite of the parasite, often to its burrowing and frequently to the infection produced in the lesions. Further on, I shall take up a fuller description of these diseases.

4. *Metabolic* — The human economy very often suffers from a change in its balance. The slightest change will produce untoward results. Such conditions we have heard and read of as changes in metabolism. Thus given a condition in which the metabolism of a certain organ or organs is altered, a train of symptoms ensues which is very often reflected in the skin.

You have often been troubled by a persistent itching in your nephritic, diabetic and liver cases which you could not overcome and could not ascertain the cause. Had you gone to the basic condition you would have solved your problem. In each case there was an organ which was the offender.

In nephritis you will find an intense itching due to the attempts of the skin to throw off urea and its allied products. Increase the activity of the kidney and other emunctories and the condition is relieved. So, in diabetes the excess sugar produces the itch and regard to diet will soon eliminate

this unpleasant condition. Also in liver conditions with a damming back of the bile we are often confronted with a nasty itch accompanied by jaundice. Relief of the obstruction, often only by a brisk purge, will give relief.

Under the name urticaria a disease which I shall later describe in detail, has been classed an itching condition accompanied by an eruption. Numerous causes have been described for it, but derangement of the metabolic balance appears to be the most plausible cause. The ingestion by some individuals of calomel, quinine, rhubarb, strawberries, melon or other foods and drugs, will within a short time produce an attack varying in degree of intensity with the individual. We often see a condition similar to this produced by antitoxin. Most authorities claim that in certain individuals a condition of anaphylaxis is produced by these substances, hence the appearance of the lesions on the skin.

5. *Neurotic* — Very often a patient comes to you complaining of intense itching. You strip him and examine him thoroughly and find nothing. Local treatment is prescribed and in a few days your patient is back with the same old wail—"Doctor, this is unbearable." You rack your brains for a remedy and then quit. If you have a dermatologist within reach you send your patient to him. He in turn is stumped and the patient has his itching. You ask what is the matter with the skin, the answer is "nothing." There never was anything the matter with it. It was simply a case of nerves and the general practitioner overlooks it. The dermatologist who is looking for skin lesions only and looks at the rest of the patient through the reverse end of the telescope finds nothing. These cases if given stiff doses of bromides and put under hygienic treatment soon go on their way merrily and forget that they ever had it.

In the foregoing I have attempted to give you the causes of itching. There are aside from these, five cardinal diseases which produce itching. These are urticaria, scabies, pediculosis, prurigo and lichen planus. In order to familiarize you with these conditions, I will give you a brief description of each disease and its cause.

1. *Urticaria*—You are all more or less familiar with this disease. Grandmother's stomach rash, strawberry rash and other names have been given to it. Usually we see the typical lesion which is the wheal. These lesions may be minute papules or



patches the sizes of a hand. They are slightly elevated, sharply circumscribed with a flat or rounded surface, red in color with the center pale and surrounded by an erythematous halo. The lesion is due to an oedema into the skin and hence it has an oedematous feel and, as in other oedemas, the pressure of a finger nail will cause a slowly disappearing pitting. The scratching of the skin lightly with a pencil or even the finger nail will usually bring out the typical wheal. In many cases, it is possible to bring out entire words or phrases on the patient's skin by lightly scratching them on it. This condition is known as *dermographism* and is quite common.

Upon the subsidence of an attack there is no desquamation and if there has been no traumatism there is no pigmentation. Where there has been traumatism, inflamed papules and pustules may be found, and the healed lesions may be pigmented. At times the lesions are so small that it is almost impossible to distinguish them from inflammatory papules due to insect bites. This condition occurs most frequently in young children, and we must be on our guard to discover them.

There are no sites of *predilection* in this disease. The lesions appear all over the cutaneous surfaces but usually not on the palmar surface of the hand or the planter surface of the feet. Different names have been given to the various lesions in *urticaria*. The names usually denoting the character of the lesion, i. e. *Urticaria gigantea* where the wheal is of large size. *Urticaria pigmentosa* where the lesion is pigmented, and so on. Giant *urticaria* has been described under the name of *neuroticoedema* as a separate disease. It, however, does not differ from any other form of *urticaria* except in the size of the lesions.

**Etiology.** Two factors are prominent in the cause of this disease. First, individual predisposition, and second the presence of some toxic substance which disturbs the metabolism and hence the local vasomotor tone. Any condition causing the absorption of a toxin in the presence of a predisposition to *urticaria* will cause an outbreak. As I have already said, you are all familiar with the rash produced in certain individuals by the ingestion of rhubarb, strawberries, shell fish and other foods. Medicines such as calomel, quinine, the salicylates, bromides, coal tar products, cubebs, copaiba and various others are also offenders. Chronic constipation with the presence of indican is also a causative factor.

Derangement of the nervous system, as in genito-urinary disease, pregnancy, menstruation and emotional disturbances have brought on the attacks of *urticaria*.

**Scabies**—Here we have a disease caused by a parasite, the *acarus scabei*. This disease is commonly known as the itch, and it is the true itch. The parasite produces the lesions by burrowing into the skin causing intense itching with an accompanying secondary dermatitis from the scratching. The offender is a minute parasite, visible to the naked eye, oval in shape and being from .3 to .4 m. m. in length. The symptoms are produced by the invasions of the female parasite. Placed upon the skin, the female will burrow itself into it from within one-half to one hour. It produces at the site of invasions, a small red spot or a vesicular pustule. In its burrowing the insect forms a tunnel in which are found its ova and excreta. The life of the parasite is two months and in that time produces a burrow the average length of which is one-half of an inch, but it has been known to create one four inches long. The ova developes in from one to two weeks and reach the surface when mature either by burrowing or by the exfoliation of the skin. The burrows are visible to the naked eye as a miniature furrow in the skin. The sites of predilection are the webs of the fingers, the flexor surfaces of the wrists, the axillae and in front of the pectoral muscles, the breasts in females and in the pubic region. In males, the penis is very often attacked. Wherever the skin is thin and where the skin is exposed to friction or pressure, there the lesions may be found. In infants the face may be involved, but in adults it is usually free.

The disease is contagious and is transmitted by contact either with the individual or infected clothes. Transmission is possible by shaking hands or the use of common towels or toilet articles. It is usually contracted by intimate contact in family life, lodging houses, tents or hospitals. While it is often seen in the better classes, it is a disease common to the poor, where personal hygiene is at a minimum.

**Pediculosis**—*Pediculosis vestimentorum*, erroneously called *pediculosis corporis*. It is a parasitic disease of the skin due to the *pediculus vestimentorum* or clothes louse. This parasite inhabits the seams of the clothes and attacks the skin for its nourishment. The parasite is oval and will be found in moderate cases in the seams of the clothes, while in severe cases may be

found in the clothes proper and on the hair. The ova are deposited on the lanugo hairs of the skin. The lesions are found in places where the clothes come into close contact with the skin, and hence we have the sites of predilection on the shoulders, upper third of the back, the waist and on the extensor surfaces of the arms and legs. In severe cases the lesions may be so numerous as to cover the entire body. The hands often are exempt.

The lesions produced are minute papules caused by the bite of the insect, and covered by a crust due to the bleeding. The itching produced by the bite and the presence of the parasite in its wanderings for forage, causes scratching, and this causes the pathognomonic parallel scratch marks, and are to be found usually on the shoulders, the region of the latissimus dorsi and at the sides of the waist, also on the thigh.

Where the disease has existed for some time, pigmentation in the scratch marks will be found. The longer the disease has lasted, the deeper the pigmentation and the greater the diffusion.

*Prurigo, Hebra's Disease*—This is a condition allied to urticaria. It is characterized by a persistent eruption of recurrent pale papules which itch intensely.

This disease begins with the eighth or twelfth month of life as an urticaria which is persistent. Accompanying this there is intense itching and insomnia. This condition persists for from one to two years, in the third year the typical prurigo develops. At this time, although it may occur earlier, there is an eruption of pale or red hard papules which project slightly above the skin, giving the skin a shotty or nut-grater feel. The lesions appear usually on the extensor surfaces and also on the face. The flexor surfaces of the joints are free. Owing to the scratching the lesions become excoriated and are tipped by brownish crusts of dry blood and serum. The skin is thickened, the furrows exaggerated and markedly pigmented. With this there is an inguinal adenopathy which is characteristic. The condition improves in the summer when perspiration is free and in the winter it becomes worse. While most writers claim that this disease persists through life, it has been our experience that this disease disappears about the age of puberty. The disease occurs more frequently in males than females. It occurs more frequently among the poor where hygienic conditions and food are poor. There is also an hereditary predisposition

but the disease is not transmissible directly by inheritance. It is not due to external irritation nor is it contagious. The disease is common in Austria, Hungary, and in the neighboring countries. We have seldom found it to fail that when the question is asked where were you born or where were the parents born, that the answer should be, Austria. The diagnosis is made by the characteristic shotty papules, the location on the extensor surfaces, the adenopathy, the history of the intense itching, the persistency and the recurrence of the lesions, and the nativity of the patient or parents.

*Lichen Planus*—This is a chronic inflammatory disease of the skin characterized by peculiar glistening flattened papules of polygonal outline and red or purplish red in color. The papules are discrete or may be gathered into thickened violaceous, slightly scaly patches. The elementary lesion is a peculiar and characteristic angular papule of the shape of a truncated pyramid, polygonal in outline, the angles well defined, the top flat or slightly depressed, the surface tense and glistening.

The sites of predilection are the flexor surfaces of the wrists and forearms, the inner sides of the knees and the lower parts of the legs. Rarely does it affect the face, palms or soles. The lesions may occur on any mucous membrane, the mouth being the most frequent site. The disease as a rule begins insidiously and pursues a chronic course. New groups or patches of lesions develop gradually and persist with a gradual tendency to spread. After reaching a certain size they persist but show no tendency to disappear. The lesions may disappear spontaneously leaving light or dark brown stains which fade slowly.

In ten per cent. of the cases, this disease may occur as an acute eruption. The lesions are of the same type as the chronic, but are smaller in size. It is generally more widely spread and shows signs of acute inflammation. The itching in the chronic cases, which is marked, is not as severe as in the previous mentioned disease, while in the acute disease, however, the itching is very severe. There are various forms of this disease but for lack of time I must confine myself to the typical and common form of this disease, for all variations when analyzed show this to be the basis of the disease.

Now that I have briefly described to you the most common causes that produce itching, I will in a few words attempt to differ-



entiate the various diseases. Let us take a patient who comes to us complaining of the itch. What is the procedure in reaching the proper diagnosis?

1. Have your patient stripped from head to foot; 2. examine the lesions, their character, shape, color and location; 3. examine the clothes; 4. after gathering all your facts, reach your diagnosis by elimination.

*Urticaria*—Typical lesion is the wheal, varies in size from the minute papule to a large size patch. No site of predilection, fresh lesions brought out by scratching, no parallel scratch marks, no parasite to be found, and the history of an indiscretion in diet or use of some drug.

*Pediculosis*—The lesions are small, inflamed papules at the site of the bite, scratch marks parallel, usually at shoulders or waists, parasite to be found in the clothes.

*Scabies*—The lesions are papules and burrow, usually found in the pubic and pectoral regions, flexor surfaces of the wrists, in the webs of the fingers, in the breasts of females and the penis of males. Finding of the *acarus scabies* is pathognomonic.

*Prurigo*—The age of the patient, the intensity of the itching, the small, hard papules raised above the surface and giving the skin a shotty feel, the inguinal adenopathy, the location on the extensor surfaces and on the face with a history of Austrian nativity gives the diagnosis readily.

*Lichen Planus*—The lesions are small, polygonal, glistening papules of peculiar violaceous color. Appearing on the flexor surfaces only and chronic in course.

It is needless for me to go back to the other conditions which I have mentioned except to remind you that heat and cold, chemicals and neurosis will produce an itching which can be cured by treating the cause.

#### DISCUSSION.

**Dr. Parounagian:** Does not believe that prurigo and lichen planus are common. He believes that they are rather rare. Vesicopustular lesions do not appear early in scabies. The pustular lesions are due to scratching. He laid great emphasis on history, and very careful questioning together with looking at the lesion as being very necessary to get at a proper diagnosis. He does not agree with Dr. Shapiro that a physician should examine a patient's clothes when he complains of itching, as a sensitive person is liable to be insulted by it. Only when you get suspicious signs should a physician look at the clothes. It is not wise to tell the patient that he has pediculosis vestimentorum. He disagrees with the doctor when he says that scabies lesions are larger

than pediculosis lesions. He complimented the doctor on his very able paper.

**Drs. Woodruff, Sexsmith, Brooke, Corwin, Riha and Thum** also discussed the paper. Dr. Thum said that he was surprised that the doctor did not mention the fact that pediculi vestimentorum are sometimes found in the eyebrows. He mentioned a case where he saw pediculi in the eyebrows. Dr. Parounagian replied that the lice found in those cases are not pediculi vestimentorum but pediculi pubes. Dr. Parounagian also mentioned that he saw two cases of scabies treated with salvarsan. They were mistaken for lues.

**Dr. Shapiro:** (Closing), Said that prurigo is common in central Bayonne, on account of the large foreign population. In examining the clothes of patients, he meant that it should only be done in suspicious cases. He said also that scabies often resembles syphilis.

#### POPULAR EDUCATION.\*

BY EDWARD A. Y. SCHELLENGER, M. D.  
Camden, N. J.

Although not exactly germane to the medical profession, at least in its hygienic and physiological aspect, the subject of popular education which I have chosen as my theme to-day, seems to me not unworthy the serious consideration of every progressive physician.

The present is distinctly an era of investigation. It may be not unreasonable to affirm that perhaps at no former period were not only scientific minds, but as well those of the more intelligent, popular masses, so interestedly intent upon the solution of economic and sociological problems as "the poor we have always with us," what shall we do for them? for no sooner is one problem satisfactorily disposed of than others arise to confront society and will not be dismissed without due consideration and the attainment of some definite conclusion.

At the present juncture, if not paramount, at least among the foremost of these problems, ranks that of the most effective system of dispensing popular education.

Wise in their generation, our patriotic forefathers clearly discerned and were compelled to consider the absolute incompatibility of a general popular ignorance or illiteracy with the permanence of free popular government. The surest bulwark of a monarchical despotism resides in an ignorant and benighted populace, as witness the examples of Turkey and Russia.

\*Address as retiring President of the Camden County Medical Society, October 15, 1915.

Let the stupidity and superstition of the teeming masses of those countries be supplanted by the enlightened intelligence of the American people, and their imperial oppressors could not continue to hold them in the chains of social bondage. And even under a governmental system, nominally republican in form, popular ignorance is utterly incompatible with the endurance and tranquillity of the civic establishment. For the indisputable proof of this affirmation we need look no farther than to our southern neighbor republic of Mexico, which for years has been rent by bloody factional strife and at the mercy of any ambitious and irresponsible brigand who under the spurious pretext of patriotism has found no difficulty in rallying to his standard an armed following.

From this wise conviction of our forefathers sprang the inauguration of our public school system. At that early day the acquisition of knowledge was of necessity restricted to the children of the wealthy or of those in at least moderate pecuniary circumstances and these, of course, constituted but a comparatively insignificant minority of the country's population. To reach and spread among the great majority, therefore, the leaven of intelligence and capacity for self-government, it was obviously indispensable that at least the rudiments of knowledge should be free and bestowed upon the recipients without pecuniary cost. And here it may be observed that it is questionable whether in the design of the projectors of the common school system anything beyond a simple elementary education was contemplated. The citizen with ability to read and write and apply the primary rules of arithmetic could not justly be regarded as too ignorant or illiterate to comprehend and appreciate the momentous prerogative or sovereign citizenship and to exercise that high prerogative intelligently and patriotically.

However, with universal education once firmly established the system did not long remain stationary, and the curriculum of the schools was gradually but steadily expanded until to-day it embraces practically all that is taught in the leading academic institutions, if not in the subordinate departments of the colleges.

The next great forward step was that *compulsory* education, and the adoption of such a radical innovation at once aroused the strong antagonism of the more conservative element, who challenged alike its utility and its feasibility. But we find it

to-day in full and unopposed operation, with any attempt at its defiance or evasion quickly overcome by the fidelity of the school authorities and the vigilance of the truant officer. And now comes still another tentative move in the direction of progress, which is likely to meet with substantial opposition, but if practical experiment shall result in the vindication of its wisdom its general adoption probably will not be long deferred. I refer to the abandonment of the protracted summer vacation and the substitution of a system under which the public schools will be kept open continuously, or at least, practically so, throughout the entire year. This system is already in partial operation in the city of Newark, in this State, where its working is said to have been found eminently satisfactory. The experiment is a somewhat startling new departure, but it has already received the approval of many prominent educators, and if the success thus far attained shall prove enduring, it is likely to be attempted in many other cities.

Now let us for a moment give attention to the degrees of success already in evidence. In Newark the initial step in the establishment of all the year round schools was taken in 1912. In the spring of that year two of the city schools were selected for the experiment. In the first place, instead of the prevailing system of one long term of study and one protracted period of idleness, the school year was divided into four working periods of twelve weeks each and four vacations of one week each, thus giving a total of forty-eight working weeks in a year and adding eight to the pupil's time for instruction. One of the chief objections waged against the wide expansion of the public school curriculum to which I have already referred, has been the plausible charge that it operates to discriminate against the children of the poor and in favor of those of the wealthy or well-to-do. True, the highest grades of the schools are open alike to all classes, it is argued, but while the rich man's son may avail himself of his facilities to the full, the son of the poor man is compelled, as soon as the law permits him to do so, to quit school altogether in order to earn a livelihood and become an assistant bread winner to his father.

Under the system of continuous schools this arraignment is to a substantial extent overcome for the reason that two years of working time may be thus saved, or gained by the pupils. "But," cries the ultra con-



servative, who shrinks from any new movement merely because it conflicts with the established order of things "all work and no play makes Jack a dull boy," to which it may pertinently be retorted that all play and no work, or two much play and too little work, has a tendency to make him a vicious and useless boy, a character even less admirable or desirable than a dull boy, and besides it is not all work and no play in the operation of the continuous school, for there are the four one-week vacations, to say nothing of the playgrounds which afford ready opportunity for daily outdoor exercise and recreation. But the Newark children do not seem to think themselves overtaxed by the new departure in education. Attendance at the continuous schools is not compulsory, but is optional with the children and their parents, yet last year no less than 3,000 pupils were enrolled in the summer sessions of the two all-the-year schools while this year it has been increased to nearly 5,000.

It may, perhaps, be suggested that the health of the children would be likely to suffer from such continuous study, but such an assumption is not borne out by the testimony of the school physician who officially reported as follows: "The general health of the pupils has actually been better than if they had not attended school. They have kept much cleaner, and the school buildings have been considerably cooler than the streets. I think that, from the standpoint of health, attendance at school has been a distinct advantage to them."

Another substantial recommendation of the continuous system is the self-evident fact that during the complete separation from study incident to the long vacation, the pupils will inevitably forget much that has been learned during the preceding school term. Hence when school is resumed there necessarily must be renewed examinations and resumption of studies previously gone through with, entailing not only added labor for both pupil and teacher but material loss of time that is saved by the continuous system.

Then again, there is to be considered the question of the comparative expense of the two systems. It might be supposed that the maintenance of the all-the-year schools would naturally involve an increased expenditure and consequently increased taxation. The reverse, however, is the fact. The necessary plant for the conduct of the schools—the buildings, equipment, etc.—is

already at hand, and it must be obvious that the more rapidly the pupil's education is finished and they are turned out, the more rapidly is room made for the new ones who are constantly coming on. But as a matter of fact—all theories aside—the actual saving to the taxpayers of Newark through the operation of the two all-the-year schools in the three years, 1912, 1913, 1914, was \$17,000.

If there were nothing more vital than the pleasure and comfort of the school children to be taken into account, the abolishment of the long summer vacation might at first thought be deemed a hardship, but a very little reflection will serve to show that such would be the fact only with a very small minority, comprising the fortunate few, the pecuniary circumstances of whose parents admit of their being taken to seashore or mountains to spend the vacation. To the vast majority, however, who must pass the summer months at home, the summer school becomes a veritable boon rather than a hardship. In point of coolness, cleanliness and general comfort, surely the school room and the playground are preferable to the scorching sun and stifling dust of the city streets, to say nothing of the demoralizing influences whose contact is unavoidable. With no desire to set myself up as the uncompromising advocate and inflexible champion of the all-the-year school system, I have only sought to marshal its material advantages as they present themselves to my mind. To me it appears that the weight of evidence is decidedly on the side of that system.

Rome was not built in a day, nor will the universal or general adoption of the system be immediate. It may, perhaps, be open to material objection and the Newark plan may possibly be modified, as changes are suggested by the demonstrations of practical experience, but at all events, as I remarked in the opening of my observations, the subject is one which seems worthy the attention and the serious consideration of the men whose profession prompts them to take note of any movement which ostensibly makes for the physical, moral or intellectual welfare of the rising generation, and as such, thanking you for your attention, I commend it to the members of the Camden County Medical Society.

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You never lower yourself when you stoop to raise another.

## THE THERAPEUTIC PRIMER.

BY RALPH S. CONE, M. D.,

Westfield, N. J.

*A's* Alcohol, aid in all fevers 'twill lend,  
But for man's own abuse it would be his  
best friend.

*B* stands for Bromides, when feeling too  
frisky;  
But don't take them reg'lar, it's rather too  
risky.

*C* Chloroform, Chloral and coma they  
bring;  
Both dangerous drugs though their praises  
we sing.

*D's* Digitalis, a drug for weak hearts.  
Be sure that you give it before life de-  
parts.

*E* stands for Ergot, a stand-by in need,  
When you'd otherwise stand-by and let  
women bleed.

*F* is for Filix, whose last name is Mas,  
And our first thought in tape-worm and  
things of that class.

*G's* Gaultheria, a good thing for pains  
Which visit your joints every time that it  
rains.

*H* is Hydrargyrum, sheet-anchor of life,  
The first thought of many 'ere seeking a  
wife.

*I* is for Iron, which we need in our blood,  
And we always prescribe if it's not in our  
food.

*J* stands for Jalap, a drug that means busi-  
ness,  
It removes every symptom from itching to  
dizziness.

*K. I.* is Hydrargyrum's brother and aide,  
When in doubt always give it and don't be  
afraid.

*L* stands for Lupulin, present in beer,  
A favorite hypnotic with many, I hear.

*M* is for Mustard of fame and renown,  
For all aches and pains from the sole to  
the crown.

*N* is for Nitrites, a lately found treasure,  
For reducing blood pressure and prolong-  
ing life's pleasure.

*O* stands for Opium, king of the host,  
The god of the pain-racked, and valued the  
most.

*P* is for Phosphorus, vital as air  
To the bones and the nerves; always see  
that it's there.

*Q* stands for Quinine in fever and chills,  
And it acts as a tonic in various ills.

*R* is Ricinus; the children adore it.  
And of adults but few can afford to ignore  
it.

*S* stands for Strychnine, stomachic and  
bitter,  
To mix with your Chloral no drug could  
be fitter.

*T* is for Tannic, an acid from bark,  
'Tis a serious thing when it misses the  
mark.

*U* stands for Ulmus, with power to soothe  
A raw mucous membrane and make it feel  
smooth.

*V's* for Valerian, given to girls,  
At the time when they titter and tie up their  
curls.

*W's* for Water, not valued till missed;  
No substitute for it will ever exist.

*X* for Xanthoxilin, a drug used for lues  
When we can't, for some reason, the bet-  
ter ones choose.

*Y's* Yerba Santa in a shot-gun for me,  
When a chronic cough roosts in the bron-  
chial tree.

*Z* is for Zinc, and I think we are through;  
We may finish with Zinc. It may finish us,  
too.

If these twenty-odd things with good faith  
are all tried,  
Common sense p. r. n. and fresh air on the  
side

Fail to save to this world any sick mortal  
"crature,"

Rest assured it's not your fault, just blame  
it on nature.

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"More Is In You."—In the little town of  
Bruges, Belgium, before the war, was an old-  
fashioned inn, which was frequented in the  
eighteenth century by the nobility of that day.  
In one of the little rooms was to be seen the  
motto "More Is In You," prominently lettered  
on each of the four walls. It was the favorite  
motto of the reigning duke. It was the first  
thing the duke saw when he arose in the  
morning no matter in which direction he look-  
ed. It served as his daily inspiration to big-  
ger and better accomplishments—a spur to  
ambition and a message of confidence. Could  
one have a better?—American Medicine.



## Clinical Reports.

### A CASE OF SO-CALLED "BONE CYST OF THE TROCHANTER."\*

BY HENRY J. BOGARDUS, M. D.,  
Jersey City, N. J.

The case here reported is, probably as Barrie maintains, a true instance of "chronic (non-suppurative) hemorrhagic osteomyelitis." It was impossible before operation to make a positive differential diagnosis. Nevertheless, since the advent of routine radiography we are coming to recognize more frequently some of these rare bone conditions.

Charles M—, twenty years of age, applied at the clinic on September 16th, 1915, because of lameness and disability referred to the left hip. Disabling symptoms had been existent and gradually increasing in severity for three months. No history of any trauma could be obtained.

The patient was a tall, large-boned Jewish lad and otherwise than for the present bone condition was in fairly good health. He complained of pain referred mostly to the region of the left groin. At the time of the first examination a half inch shortening of the left leg was recorded, together with slight atrophy of the whole limb. There was no typical reflex muscular spasm present, but complete flexion of the thigh and especially a decided resistance of abduction of the hip were noted. There was no local swelling and no appreciable change in contour of bone or hip joint.

A tentative diagnosis was then made of a possible Coxa Vara. An X-ray examination was made and the radiograph unexpectedly revealed in the proximal end of the diaphysis of the femur, almost immediately under the trochanter, a circumscribed area of rarefying osteitis. The diseased portion involved only the medullary tissue and extended across the whole diameter of the femur—the whole occupying a space about the size of a small hen's egg. The diagnosis was now changed to bone cyst.

On October 24th the patient was operated on in Christ Hospital. It was a very simple matter to break through the thin

shell of compact bone and the curet quickly penetrated a well-defined oval cavity bounded in all directions by a limiting wall of very hard, irregular bone substance. The cavity contained a quantity of soft, friable almost liquid material, very much resembling, as has been described by other writers, "raspberry jam." There were no separating stroma, and no solid pieces of any kind, but a sensation was transmitted by the curet of "crackling" and the bleeding was very free but easily controlled.

After thorough evacuation the cavity was packed for twenty-four hours with iodoform gauze, then injected for a few days with an iodine and glycerine solution and finally the whole bone cavity was packed full of bismuth paste. For the following eight weeks this latter substance was gradually exuded through the skin opening into the dressings. There was no suppuration and the wound was entirely healed in the early part of January.

The patient has been allowed to go about only on crutches as fear of a possible fracture through the shell of bone might follow a slip or strain. The patient has greatly improved in general health, the pain in the groin has disappeared, motion at the hip joint is quite normal, and up to date there is no evidence of any further trouble.

The laboratory report on the examination of a specimen of the contents taken from the bone cavity was negative as to any evidence of malignancy. Wassermann examination of the blood made prior to operation was also negative. Our "cyst" evidently belongs to a class of benign myeloma probably of a hemorrhagic origin.

### CASES OF KIDNEY DISEASE.\*

BY STANLEY R. WOODRUFF, M. D.,  
Bayonne, N. J.

These three specimens that I am showing to-night are typical of three different kinds of kidney disease. The diagnosis of each case was worked out thoroughly, and I am glad to say, correctly, before removal was decided on.

The first one was a young woman, married, 24 years old. Had been complaining for past four years of intermittent pain on the right side and groin. No chills or fever; no hematuria; frequency of urination only at times of attack of pain; no nocturnal

\*The patient, his surgical history and radiograms were presented at the meeting of the Orthopedic Section of the N. Y. Academy of Medicine, February 18, 1916.

\*Reported at the meeting of the Hudson County Medical Society, February 1, 1916.

frequency; no loss in weight; no night sweats or cough. Complains at times of a lump in the side, painful especially on moving about. Had been under treatment for renal stone for one year, and was taking treatment for this condition when referred.

Urologic examination as follows: Cystoscopic examination shows right ureteral orifice not functioning. Bladder otherwise normal. Left ureter easily catheterized. Right ureter shows a stricture 8 c.m. above the ureteral orifice. A small bougie-tipped catheter was inserted to 10 c.m. when a watery fluid began to drip through steadily till 80 c.c. had dripped out in 15 minutes. Phenolsulfonethalein was then injected intravenously and two 15-minute tests taken. The thalein appeared from the left kidney in 2 minutes; from the right in 12 minutes.

1st. Fifteen minutes, R. trace; L. 25%.  
2nd. Fifteen minutes, R. trace; L. 16%.  
Total, one-half hour, R. trace; L. 41%.

Laboratory report of urine shows small number of pus cells in urine from right kidney and bladder, but none from left kidney. No blood, no T. B. from all. Pyelogram shows immensely dilated right ureter and kidney pelvis. Physical examination shows a fairly large mass in the right abdomen coming down to the level of the umbilicus, movable and not particularly painful.

Diagnosis: Right hydronephrosis and hydronephrosis. The specimen as you see bears out the diagnosis. The ureter and the kidney itself is nothing but a bag of water.

This case shows how easy it is to have an important kidney lesion going on to absolute destruction of that organ without very great harm to bodily health. This woman was not very sick, she was complaining hardly at all—except at times of acute retention in her hydronephrosis. The cause of this condition is of course problematical. The largest majority of hydronephroses are congenital. Some are due to tuberculous changes—ulcer or thickening of the ureteral wall. This particular one was, I think, congenital.

Case II. This specimen is from a German woman, 51 years old, married. Never borne children. For the past 14 years has been complaining of pain in right side and back. Has had frequency, and nocturnal frequency for all this time. Chills and fever quite severe at different times. Six years ago she passed blood. Her urine was very red at this time, then ran milk white and finally clear. Has had such severe pain and tenderness on right side that at times she

has walked lame. Last two years has had steady, severe pain in right side and back.

Physical examination shows a mass in right kidney region—movable and very tender.

Urological examination shows right ureteral orifice greatly oedematous—remains patulous and does not functionate. Pus may be seen to be escaping from the orifice. With this exception, bladder and left ureteral opening are normal. On catheterization of ureters no urine comes down from right side at all—only a few drops of a pusy fluid.

Thalein test intravenously appeared from left kidney in two minutes; right kidney not at all.

1st. Fifteen minutes, R. no urine; L. 22%, no color. 2nd. Fifteen minutes, R. no urine; L. 15%, no color. Total, R. O.; L. 37%.

Pyelogram attempted but injection fluid does not run in. Skiagram, however, shows good sized calculus with X-ray catheter tip directly under and against it.

Laboratory reports on urine: Right—Staphylococci and streptococci. No. T. B. Left—Staphylococci and streptococci. No. T. B.; large number colon B. with some blood cells.

This kidney shows after removal the typical "closed" kidney. It was full of soft, creamy pus burrowing in every direction and almost total loss of parenchyma. It is the old story of foreign body—stone—infection; closure of excretory duct (ureter) and consequent pus cavity. This woman has carried this condition for fourteen years without great harm to her health. She is well nourished, fleshy, and of a happy disposition. The urine from her other kidney is, however, full of cocci from the right along with colon bacilli. One can readily imagine what would happen if a stone were to be deposited in her left kidney.

Case III. This specimen is from a woman 25 years of age. Hebrew, married, two children. Began to complain about eight months ago of frequency, especially nocturnal frequency. After about four months of this she noticed a little blood in the urine on one or two occasions. Her physician thought she had some cystitis and prescribed accordingly for her. As there was no improvement, he began washing out her bladder. This only aggravated her condition. Her frequency became more marked and she began to lose flesh and appetite.

Upon coming under my observation her examination showed as follows:



Physical: Kidney region normal. Neither kidney palpable.

Urologic: Bladder very intolerant to cystoscopy. Left ureter buried in a mass of oedematous, thickened, and red mucous membrane. This patch surrounds the ureter for a space about the size of a quarter. Right ureteral orifice normal and functioning. Bladder otherwise normal. Both ureters were catheterized and samples taken.

Tubercle bacilli were present in the bladder, left and right kidney specimens. Numerous pus cells from left kidney; small number from right.

Thalein Test: 1st. Fifteen minutes, R. 10% L. 5%. 2nd. Fifteen minutes, R. 5%; L. 1%. Total one-half hour, R. 15%; L. 6%.

Pyelogram shows only a trace of injection fluid—as only about 1 c.c. ran in the catheter—showing infringement upon the kidney pelvis.

Diagnosis: Of course in the face of bladder findings—T. B. in the urine with pus there can be nothing else but renal tuberculosis of the left side anyway, and possible beginning in the right. It was decided to remove the left kidney, as being the only hope of saving the woman's life.

The presence of T. B. in the urine from the right kidney does not necessarily mean that that kidney is also tuberculous, as we know a perfectly healthy kidney will excrete T. B. The presence of very little pus from this kidney, and the fact of no pathological changes around the ureteral mouth, were the chief factors in determining our procedure. The removed kidney shows tuberculosis in its terminal stage, with cyst formation, closed pelvis and loss of most of the normal kidney tissue. In this case we are forced again to wonder when we find a kidney in the terminal stage of tuberculosis and the patient going about doing her house work and only complaining of her bladder.

It leads us again to impress on everybody's mind that where you have frequency—especially nocturnal frequency—with or without hematuria in a person under 30 years of age, be very suspicious of tuberculosis. Look these cases up very carefully. Don't wait till the bladder becomes infected as well. For bladder tuberculosis is *always* secondary to either kidney above, or in the male, from the genitals or prostate below.

#### Girl Falls Two Hundred Feet and Lives.

A young woman fell last month from the sixteenth floor of the Transportation Building, Chicago, Ill., more than 200 feet, head first, alighting, fortunately for her, in an automo-

bile truck filled with paper boxes. She sustained a compound comminuted fracture of the right humerus near the surgical neck and a deep scalp wound of the forehead. At present she is a patient in St. Luke's Hospital, and is practically out of danger from a surgical standpoint.

#### Tapeworm Accompanied by Hemoglobinuria.

Dr. W. E. Masters reports this case. It was of interest because of a very severe hemoglobinuria that suddenly followed the expulsion of a tapeworm by male fern after the patient had taken "four bottles of beer." In this case it appears as if the alcohol, together with the unexcreted male fern, acting upon a weakened constitution, freed the latency to hemoglobinuria.

#### Aneurysm of Aorta in Boy of Twelve.

Dr. Acuna in *Semana Medica*, Buenos Aires, remarks that the rare cases of aneurysm in children that have been reported have generally been credited to rheumatism or chorea, but the Wassermann test has revealed that inherited syphilis is the main factor in the majority of cases. The dilatation of the aorta develops slowly and causes no symptoms for many years as a rule. Children seem to tolerate the aneurysm better than adults. In the case he reports, the thrill, the visible pulsation and roentgenoscopy all confirmed the dilatation of the aorta to form an actual sac. There were no signs or symptoms of inherited syphilis, the Wassermann was negative, but the child's mother responded promptly to the Wassermann test, and had a history of four abortions in eleven pregnancies. The syphilitic toxins had probably weakened the walls of the aorta during the intrauterine stage.

#### Gangrenous Abscess of the Lung.

Dr. D. F. Talley, at the meeting of the Southern Surgical Association, reported a case of gangrenous abscess of the lung in a young married woman after the birth of her first child. It was now more than 10 months since the operation was performed and patient was in perfect health. All cases of abscess and gangrene of the lung should be opened and drained unless the abscesses were multiple and inaccessible. Tuffer cured two cases by lung compression, by tacking in fat and omentum intrapleurally over the diseased area, but this method seems inadequate for most cases as there is need for actual drainage, and there might be a sequestrum of necrotic lung that must come away before the abscess can close.

#### Pontine Polioencephalitis.

Dr. J. Collier, in the Proceedings of the Royal Society of Medicine reports the case of a boy aged 8 years who was taken suddenly ill on January 18 with headache and fever. During the following two days he had a series of convulsions, vomited repeatedly, and was in a stuporous condition. Subsequently he was noisy and restless for a few days and then seemed quickly to recover, except that he was completely deaf and was very unsteady upon his legs. He was completely deaf when he was examined on February 16. The ears were normal. He talked and obeyed written orders very intelligently. The vibration sense was present.

There was nystagmus, bilateral ataxia, titubation, and a cerebellar gait. Lumbar puncture revealed a normal cerebrospinal fluid. The Wassermann reaction was negative. Under observation the cerebellar signs have practically disappeared, leaving complete deafness as the feature of the case.

#### Appendicular Abscess in an Infant.

Dr. Phelip, in the *British Jour. Children's Diseases*, records a case in a child, aged thirteen months, bottle-fed, who had suffered from constipation for two months. The symptoms were fever, diarrhea, blood in the stools, and a swelling in the right iliac fossa. Laparotomy was performed, and an appendicular abscess was found. Recovery was complete.

#### Lumbricoid Worm in a Tonsil.

Dr. A. B. Middleton, in the *British Jour. of Children's Diseases*, reports the cause of an eight-year-old girl who was thin and anemic and suffered from "bilious attacks" lasting two or three days about every three weeks. The child did not complain of sore throat, but had an adenoid expansion and the tonsils were enlarged. An operation was undertaken for the removal of the latter. The right tonsil ruptured when the snare was tightened, and a female ascaris,  $1\frac{1}{4}$  inches in length, escaped. Within the tonsil was a cavity, the habitat of the worm. After the operation the bilious attacks ceased and the child improved in health.

#### Sclerotic and Contracted Colon; Resection 21 Inches.

Dr. Wightman, Omaha, reports this case in the *Western Medical Review*.

Patient, woman, aged 42 suffering from chronic colonic stasis; appendix removed two years ago, no relief followed this operation. X-ray examination December, 1915, shows the cecum in the pelvic cavity and the ascending and a redundant transverse colon in the iliac fossa, the transit of cecal contents is profoundly retarded.

Operation at Mercy Hospital, Council Bluffs, December 2, 1915. On opening the abdomen the X-ray findings were at once confirmed. The cecum very mobile and enlarged. Walls very thin. The ascending and part of the transverse colon formed a convoluted mass though freely movable. This portion of the colon, however, was very rigid, uniformly contracted, sclerotic walls and a distinct thickening of the longitudinal colonic bands.

The prominence of the morbid anatomy suggested its removal and this was speedily accomplished excising the ascending and greater portion of the redundant transverse colon, reserving, however, the great omentum and making an end to end anastomosis of the remaining transverse colon and cecum. The patient made an uneventful recovery, is now free from complaints and has resumed her household duties.

#### Strangulated Hernia—Removal of Appendix from Hernial Sac.

Dr. J. E. Pirrung presented at a meeting of the Cincinnati Academy of Medicine, the specimen of an appendix removed from a child four weeks old.

The case was one of obstruction in a right

inguinal hernia sac. The part of the bowel in the sac was the cecum, ileum and appendix. When the sac was opened, the appendix first presented itself. It was of a normal pink color, while the head of the cecum and ileum was dark, congested and almost black. The appendix and its mesentery were tied off with one ligature of the catgut, and the sac was closed and transplanted after the method of Kocher, of Berne.

The operation was performed Tuesday afternoon, November 9. Before operation the child's bowels had not moved for twenty-four hours and vomiting had been persistent. However, four or five hours following the operation, the bowels moved thoroughly the child again began to nurse, and is to-day well and hearty. I present this specimen not because of any disease, but to show the size, length, etc., of the appendix at four weeks of age.

This is probably the youngest child ever operated upon. According to the record the operation was performed one month before the child should have been born, as it was a seven months' child.

## Abstracts from Medical Journals.

#### Paresis and Tabes Dorsalis.

Dr. Henry A. Cotton, Trenton, in a paper in the *Amer. Jour. of Insanity*, January, 1916, emphasizes the fact that in the use of salvarsanized serum we have an agent which does cause definite arrest in paresis, which arrest includes improvement in the clinical symptoms, physical signs and a corresponding change in the biologic reactions from positive to negative. To be effective the case must be treated in the early stages, as advanced stages show no favorable reaction to the treatment. The length of time is not always an indication of the severity of the symptoms, but the majority of cases cannot be helped after two or three years have elapsed. Treatment must be persistent and uninterrupted, grading the amount of dose and frequency of treatment to the condition of the patient. Taboparesis should be cautiously treated, usually with small doses and not oftener than every three weeks. The remission caused by the treatment cannot be compared to spontaneous treatment, for the percentage in the former is 35.5 per cent. and in the latter case only 4 per cent. The change in the cell count, globulin content, blood and spinal fluid Wassermann reactions are the direct result of the treatment and not to be compared with the variation found in untreated cases of paresis. The efficacy of the treatment depends not on the method used but on the stage of the disease; hence the necessity for early diagnosis in paresis and prompt treatment as soon as possible.

#### Heliotherapy for the Wounded.

Dr. Grangee, in *Paris Medical*, February, gives illustrations of his improvised service for heliotherapy of the wounded, and relates that he has been much impressed with the more rapid healing of the wounds exposed to the direct sunlight. The scars are less adherent, more supple, and are never painful, while callosus develops normally and does not become exuberant. Repair and elimination of seques-



ters proceeded more regularly and spontaneously. He found that severe wounds responded with fever and inflammation when exposed to the sunlight early, and he was forced to allow the organism a certain interval for recuperation before commencing the heliotherapy. After two or three weeks or a month even the most destructive wounds showed benefit from the exposures; if there was still fever at the time, the temperature dropped to normal. By protecting the wound against the air, the heliotherapy can be applied to advantage even from the first. The deodorizing effect of exposure to the sunlight is direct and immediate. Suppuration is augmented at first as a rule and then grows less. He has never had but one refractory ulceration of the stump of the foot; this was after amputation for dry gangrene consecutive to freezing. An umbrella is sufficient protection for the head at need. He exposes the whole of the wounded area and gradually increases from half an hour to three or four hours a day.

#### Migraine.

The following are given by Dr. W. W. Kahn, of Detroit, as his conclusions in a paper on Migraine, in *American Medicine*:

1. The most constant symptom of migraine is headache, with or without nausea or vomiting.
2. The characteristic symptom of migraine is periodicity.
3. The only known cause is eyestrain.
4. The sole cure of migraine is correct glasses.
5. Good distant vision and ability to read with "comfort" does not exclude eyestrain.
6. In many of the worst cases weak lenses only are required, but these must be of the most right kinds.
7. The ages of the patients ran from 4 to 52 years.
8. The seriousness and frequency of the attacks increase with age.
9. Failure of glasses to cure migraine is almost certain to be due to faulty refraction work.

#### Pulmonary Syphilis.

Drs. H. R. M. Landis and P. A. Lewis, in the *Amer. Jour. of the Medical Sciences*, express their belief that pulmonary syphilis of a latent type occurs far more frequently than is usually supposed. The form to which they call attention is that in which the localization occurs in the apices of the lungs. This type of the disease may in certain cases simulate early pulmonary tuberculosis with such fidelity as to deceive us entirely.

#### Mediastinal Dermoids.

Dr. W. Pohl, in *Deutsche Zeits. fur Chirurg. Leipsic*, summarizes six additional cases found in the literature since Dangschat's compilation in 1903. The list includes Ceelen's case in which cancer had developed in the dermoid tumor. Pohl then reports the fifty-second case. It was a typical teratoma found in the anterior mediastinum of an otherwise healthy girl of seven. She died about a year after a contusion of the chest during play, followed by various respiration and heart disturbances from the injury to the teratoma.

## County Medical Societies' Reports

### ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular February meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, Friday evening, February 11th.

The following members were present: Drs. Andrews, Alman, Berner, Bewley, Barbash, Bew, Cassel, Clark, Conaway, Carrington, Chew, Charlton, Corson, Darnall, P. Davis, Byron Davis, Frisch, Fox, Garrabrant, Guion, E. H. Harvey, Harley, Holt, Joy, Lee, Leonard, Marshall, Martin P. Marvel, E. Marvel, Monroe, Poland, Price, Quinn, Reynolds, Rulon, Stern, Stickney, Stewart, Snowball, Shivers, Sheen, Schmidt, Scanlan, Senseman and Williams.

The scientific program was opened by Dr. J. E. Talley, of Philadelphia, who spoke on "Some Criteria Underlying Prognosis in Certain Forms of Cardiac Insufficiency." Dr. Talley, after a very able discussion of his subject, illustrated very beautifully and scientifically by means of a series of lantern slides, the important points covered in his paper.

Dr. David Riesman, also of Philadelphia, followed Dr. Talley with a discussion of "Significance of Cardiac Pain."

Dr. Riesman spoke first of the precordial pain as manifested in young people and attributed this condition to excesses, either tobacco, alcohol, or sexual. As a rule the disagreeable symptoms will clear up if proper instructions are given the patient as to moderation. Cardiac pain due to dyspepsia is very common and is readily diagnosed by finding that the severity of the pain is out of proportion to the physical signs. There is usually a tendency to neurasthenia to a more or less degree. The pain of herpes zoster is sometimes confused with cardiac pain and in the absence of the herpes may have a tendency to lead one astray; indeed, the two may be in combination and it is well to make a careful study of the case in order to separate and properly treat each. Pleurisy and pulmonary abscess may be the underlying cause of precordial pain.

The cardiac causes of precordial pain are mostly due to muscle changes and they vary in severity; this excepts pericarditis and aneurism which may be called extracardiac causes. Cardiac pains may occur, on the other hand, in perfectly healthy individuals as in overtaxing the heart in extra physical exercise, just as a diseased heart is burdened under the normal stress of walking against the wind. Dr. Riesman placed emphasis on the fact that one can have heart disease without murmurs and therefore percussion and palpation are as important diagnostic aids as the stethoscope. Ofttimes enlargement is the only sign of a possible serious condition. The electro-cardiograph, as described so well by Dr. Talley, enables the clinician to get the details of obscure heart lesions which otherwise would be impossible to obtain; but unfortunately, it is not a means available for everyday bedside work.

In examining cardiac cases, always look for a tender spot, for this is usually constant when

there is no other symptom or sign and is more constant in women than in men. Raise the breast and make pressure with the fingers just below the nipple. The patient may not, and usually does not, know of the existence of such a spot. Remember that cardiac pain is the cry of the weak and not of the strong heart. In regards to the prognosis in myocardial diseases, this depends upon how early the diagnosis is made. If the patient is treated for dyspepsia for a long time the patient may die without a correct diagnosis. This is not only possible, but probable, as myocardial disease very often masquerades as dyspepsia. When a man complains of pains after meals, belches and has slight dyspnoea, especially nocturnal, at least think of the heart and look for a hypertrophy of that organ.

The pain of angina pectoris brings with it a marked degree of fright, especially among women. Physicians seem to be very prone to this form of cardiac trouble. The blood pressure is sometimes high and sometimes low and the prognosis is uncertain. The condition of "status anginosus," in which one attack passes rapidly into another, is usually fatal. The factors which predispose to an attack are in order: Mental strain, tobacco, and heredity. Pseudo-angina includes all those precordial pains not grave, nor so severe in character, and with a much better prognosis, such as hysterical angina. Among the other causes of precordial pains may be mentioned: Embolism, aneurism and aortitis or aortalgia; this latter, however, is manifested by pain a little higher up, under the manubrium, and radiates to both shoulders and to the back. Pericarditis may produce intense precordial pain and much suffering, but the fever with other signs of inflammation will point out the way to a correct diagnosis.

The papers of Drs. Talley and Reisman were discussed by Drs. Martin, Darnall, Stewart, Stern, Talley and Reisman.

The Board of Censors reported favorably on the name of Dr. Bowker, and he was duly elected to membership.

The names of Drs. Weinberg and Pennington were proposed for membership and referred to the Board of Censors along with the formal application of Dr. E. Corson.

A communication was received from the Gloucester County Medical Society, stating that Drs. Reading, Phalen and Halsey had been elected delegates to the Atlantic County Medical Society. On motion these names were placed on our mailing list.

An invitation was accepted to join with the Atlantic City Chamber of Commerce in a meeting to be held in the near future at the Hotel Chalfonte, for the purpose of discussing matters pertaining to Housing and Sanitation.

A "Baby Week" will be held in Atlantic City March 4th to 11th, under the auspices of the Mothers' Congress, Crescendo Club,, Entre Nous, Research Club, Sisters of Beth Israel and others, and our society was invited through Dr. Carrington to co-operate with the ladies in an endeavor to make the affair a success. The society pledged its support.

Dr. W. Blair Stewart, chairman of the committee on sanitation and public health, reported as follows:

"Your committee has followed its last report upon the tuberculosis situation, reported

to us by the Red Cross anti-tuberculosis nurse, by a very thorough investigation and finds the conditions as stated not only true but a much worse state of affairs. There were 68 cases of T. B. in Atlantic City from August 1, 1915, to January 1, 1916, and among this number were many that should have been sent to Ancora, but were not as the statement made was that Ancora could not take our cases as there was no room. Ten cases of death from T. B. are recorded and 13 additional deaths from T. B. have been found out on the records, while 15 have moved away. Only 4 fumigations are recorded and careful inquiry at the houses elicits two additional fumigations not recorded. A number of these cases were treated in the private home of a Mrs. Price on North Illinois avenue and paid for at approximately \$5.00 per week instead of going to Ancora at \$13.00 per week as provided for by contract and law.

"Careful inquiry was made at Ancora and the letters on file with the committee show that at no time have Atlantic City or county cases been refused admission but also that not one application had been received from this county from August 1, 1915, until about the middle of January, 1916, except one case that was transferred from another institution. Your committee finds that 12 or 15 physicians in Atlantic City and County have been deliberately deceived by the Department of Health in regard to Ancora and it is further convinced that the department as managed during the time stated has been either negligent and careless of its duty or has been unjustly influenced by some authority higher up, or is absolutely incompetent to protect the health of this city.

"Your committee is further informed that the Director of Public Safety of Atlantic City has deliberately violated Section 5 of the Health Laws of the State, approved April 8, 1903, in appointing a Health Officer who did not have, nor does he now have, a health officer's license from the State authorities. The health officer of this city has been without legal authority since his appointment and can not bring suit in his own name as health officer, nor can he do so until he has qualified and has received a reappointment.

"Other matters are of record with the committee. We have the unqualified indorsement of the Hotel Men's Association and the Committee of the Chamber of Commerce of Atlantic City and it is the intention of these combined forces to endeavor to force a complete revolution of health administration in this city and to fix responsibility for dereliction irrespective of whom it may involve. Four persons have been parties to this condition of affairs but the fruit of the situation has fallen upon the appointive acting health officer of Atlantic City as it has been within the power of a legal health office to force action upon the part of others if he did not fear publicity or the loss of his job. His action is absolutely inexcusable. Your committee as a whole is not after the dethronement of any individual on account of personality. Because it does attack public officials is no reason for any one to rush to their defence without first seeing the facts that are at your command."

The chairman of the committee in offering the report stated that Atlantic City was tolerating a health condition that would not be endured elsewhere. He qualified his remarks by



saying that no individual was being dethroned and that the committee was dealing with the health office, and not with the incumbent, because he was young. "We would do the same were he old, or were he a member of this society," he stated. "This society must need stands behind this investigation at this time. There was a time when the head of this Health Department had to consult with the men higher up before issuing orders for the enforcement of the health code and laws, but we are not going to tolerate such conditions any more."

Dr. Stewart also stated that his committee was armed with data, records and photographs to prove every word contained therein, and welcomed inspection of this proof.

The report of the committee being open to discussion, Dr. Theo. Senseman spoke as follows:

"The health law system in this city is rotten, and it will always be so, unless divorced from politics. Anyone would be a fool to accept the post occupied by the present health officer, under the present regime. This society is not after any individual nor any officer—it is after the office. Conditions during the former Councilmanic regime have been referred to. Gentlemen they were no worse during those days than they are at present. Hotel and other heavy interests have feared publicity on this question, but I think it is time to expose all. A little of this sort of advertising will not injure anyone or any interest. Conditions have not changed in the past ten years. Lets do something. Any man who goes into the health office must do as commanded by those in political power or he will not be health officer. What good will a change of heads in that department do. Look at the bunch at the head of the new Tubercular Institution. Isn't that enough for you. I am in favor of going through with this investigation and correcting it by delving clear down to the very roots of the cause."

The report of the committee was then endorsed by the entire society.

#### BERGEN COUNTY.

Frederick S. Hallett, M. D., Reporter.

The Bergen County Medical Society held its regular monthly meeting at the Union League Club, Hackensack, February 8th, at 8.15 P. M. The president, Dr. Edwards, occupied the chair. About 25 members were present.

After the regular order of business had been disposed of the chairman of the Scientific Committee introduced Dr. George H. Sexsmith, of Bayonne, who gave us a very interesting and instructive paper on "Treatment of Fractures with a Comparison of Open Methods." A copy which is herewith enclosed for publication in the Journal.

The doctor illustrated his paper with lantern slides, adding greatly to its practical value. Dr. Sexsmith predicted that in the very near future bone grafts will replace Lane's plates and other metal appliances in the open treatment of fractures.

The doctor exhibited several cases of Potts' disease treated with bone grafts; also cases of ankylosis of the knee and elbow joints, showing gratifying results.

Dr. Sexsmith was heartily thanked for his

instructive paper and the opportunity of seeing the results of his work.

The paper was freely discussed and the meeting adjourned after a social session.

#### ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

The next meeting of the Essex County Society will be held on Thursday, March 16th. Dr. Hagerty, the president, has been interested in the success of these meetings. The speaker of the evening will be Dr. J. Chalmers Da Costa of Philadelphia, Professor of Surgery at Jefferson Medical College. Ladies will be invited. The ability of Dr. Da Costa as a speaker, as well as a surgeon, will attract the usual large attendance and afford both instruction and pleasure.

The last meeting was on February 9th, Dr. Charles E. Nammack, of New York, Professor of Clinical Medicine at Cornell University Medical College, made an address which for thorough consideration of a subject of importance having great clinical interest has not often been equalled. "How to Defer Old Age" was the topic and every hearer was made to prize his youthful, elastic arteries or to wish he had cared for them before they became old and sclerotic. The paper is promised for publication in our Journal.

The Essex County Anatomical and Pathological Society met February 10th. The program contained a full list of cases and specimens which were well presented. The address of the evening was by Frederick L. Hoffman, (statistician of the Prudential Insurance Company), on work he has undertaken at Johns Hopkins Hospital, making a joint medical and statistical analysis of some 5,000 autopsy records. The scientific value of the survey when completed, it is thought, will excel that of any work like it, of as great magnitude, yet done in this country. It does stimulate the making and properly recording of autopsies. The address was discussed by J. A. Patton, M. D., and others.

Report of a case of Actinomyces; Cutaneous and Systemic, Emanuel Newman, M. D.

From the Pathological Laboratory of the Newark City Hospital:

Report of Cases—Mixed Tumor of Parotid Gland; Melanoma of Cervical Glands (primary tumor unknown), Edward Staehlin, M. D.; Abdominal Aneurism, Raymond Mullin, M. D., and A. Casill, M. D.; Prolapse of Rectum and Vagina, E. Zeh Hawkes, M. D.

Demonstration of Specimens—Tuberculous Lungs of Milch Cows, C. V. Craster, M. D.; Twin Monstrosities, showing examples of dichotomous reduplication and fusion, Paul Runge, D. V. and B. Mikels, M. D.; discussion and demonstration of pathologic specimens, illustrating atypical blood diseases, etc., H. S. Martland, M. D.

The Academy of Medicine of Northern New Jersey held a stated meeting Wednesday, February 16th at which Dr. Joseph Fraenkel, of New York, made an address on "Organotherapy." The interest of the very representative audience was manifestly in the topic announced. What study in internal medicine could be more fascinating than that of internal secretions? Are we on the threshold of the secret of vital functions? What do we know

of the dynamics of what Crile calls the "Kinetic System?" Does the value of thyroid, adrenal and pituitary warrant equal assurance in pineal, thymus and ovary? Why stumble along over empirical therapeutics and not advance to the clear ground of rationalism where a speaker at hand has an answer to all these questions? Hence the expectancy aroused. And the doctor had such charming enthusiasm and faith in himself! He did not pause over such trite things as pancreas extract but came with assurance to the unknown glands. His hearers were greatly entertained by his masterful use of language. When they thought they were not getting much new information they concluded it was yet coming and followed him on as if hunting game, which, when about to be bagged escapes, but, still pursued, leads the hunter cheerfully on till, at the end, he finds himself empty-handed but has the glee of sport to recount. If there are not clear indications for use of gland extracts, administer any of them, and, after a long experience, you may get some kind of a startling result! Often failure is due to not dose enough. In one case the patient was better after two days but worse after four. Hence he should have stopped after two! If he did not satisfy his hearer it was because he had "only given them the A, B, C" of the subject. They would at least know where to come for consultant's advice any time. The Section on Medicine met Tuesday, February 8th. The program was an interesting one on *Nerology*. Dr. Payne spoke on "Care and Prevention of Mental Afflictions," Dr. Davies on the Binet-Simon test, Dr. Snively on alcoholic psychoses and Dr. H. G. Smith on dementia praecox. The programs of the Sections on Pediatrics and Surgery were postponed to next month.

Obituary notices on Dr. Geo. F. M. Lamont, who met such a tragic death in the surf last September and of Dr. Emil E. Guenther, formerly a very familiar figure in the service of Newark hospitals as gynecologist, are enclosed.

(The obituaries were received too late for insertion this month. They will appear in the April Journal.—Editor).

#### HUDSON COUNTY.

William Freile, M. D., Reporter.

The regular monthly meeting of the Hudson County Medical Society was held in the Carteret Club, Jersey City, on February 1st, 1916.

Dr. F. D. Gray, chairman of dinner committee, reported a deficit of \$9.75, which was ordered paid, and the dinner committee was discharged, with thanks.

Dr. George E. McLaughlin, chairman of the committee on purchase of lantern, stated that after tremendous efforts on his part, he had at last succeeded in getting the lenses out of Germany, and expected to get the lantern working, with its microscopical attachment for microscopic slides, in about one month. It was moved and carried, at the suggestion of Dr. McLaughlin, that the lantern committee consist only of Dr. McLaughlin and the matter of lantern be left entirely in his charge.

The chairman of the Legislative Committee, Dr. F. D. Gray, stated he had heard from Dr. H. B. Costill, chairman of State Legislative Committee, that Assembly Bill No. 39—Chiropractic bill—which was defeated last year,

was again coming up. This bill had two glaring defects:

1. Establishment of a separate board; 2. requirement of little or no preliminary qualifications.

It was moved and carried that the secretary be ordered to send a notice to each of the Assemblymen and the State Senator of the county, asking their co-operation against said bill.

The chairman of the State Legislative Committee asked that the society send him the names of three more men to act in conjunction with those already named.

The name of Dr. Walter D. Webber, 305 Oak street, West Hoboken, was referred to the censors as a proposal for membership.

Dr. Oscar Jacks, 493 Mercer street, was duly elected a member of the society.

Dr. William G. Russell, Philadelphia, who was to have given the paper of the evening on "Hydrotherapy, the Cure, in America," was unable to be present on account of illness, and, therefore, the meeting was thrown open to those who had interesting specimens to exhibit or cases to cite. Dr. F. D. Gray mentioned that he had found a peculiar condition of the appendix, during an operation on a large and old hernia. The appendix was enlarged, and studded on the outer surface with cysts. Had operated on 1,500 cases, and never before had seen a similar case. The lesson he drew from the case was that one should not be too quick to judge or conclude that it was carcinoma or tuberculosis.

Another case—fracture of patella—had been in hospital one month. Plaster support removed after immobilization for three weeks. He wanted to emphasize the importance of early and thorough mobilization before patient is allowed much latitude.

Dr. Riha reported success with large doses of atropine (1/240 to 1/80 gr. t.i.d.) in case of infant with eczema.

A papillomatous cyst of the ovary came under the observation of Dr. Henry Spence. Ten quarts of gelatinous material were removed from it, and after twelve years the cyst refilled. The case was rare in so far as the condition occurred so long after first infection.

Dr. Geo. E. McLaughlin spoke of a girl who became more and more emaciated. She was eighteen years of age. A tentative diagnosis was made of T. B. Examination of the feces demonstrated a large amount of mucus. A dose of castor oil was given, and after a second dose, a good sized sponge of gauze was passed. Two years prior to this illness, she had had her tonsils removed.

A second case came under the doctor's notice—a painter with no previous history of illness, who was brought into the hospital suffering from vesical calculus. This man developed ether pneumonia and died, and on autopsy an old pyonephritic kidney was found on the left side.

Dr. Boyer recalled a case of primary anemia which he had discovered in an infant. He thought of infusion, but decided on injections of citrate of iron twice a week, with Fowler's solution, and *Syr. ferri iodid*. The patient got well.

Dr. W. F. Faison spoke of two cases of intestinal obstruction. One complained of considerable pain, and on operation he found a



slight band. The other was a gall stone as large as an English walnut, acting as a ball valve, going up and down causing complete obstruction in jejunum. Also spoke of a case of diabetes with good results from the starvation treatment.

Dr. S. A. Cosgrove was reminded of a primipara, twenty-eight years old, who became eclamptic, and Caesarian section was performed, and seventeen days afterwards, a mass was found in left iliac region. She complained of considerable pain, and was obliged to operate upon her again, when strangulation of the gut was discovered, due to density of the adhesions. He was at a loss to account for the density of the adhesions after the first operation.

A patient came under the care of Dr. D. Miner, suffering from an ectopic of the ovary. Patient put to bed and operated upon, and everything was lovely. The ninth day she was allowed to get up. Ten days after the operation she called the nurse, complained of pain around heart and died. Dr. Miner was desirous of knowing if an embolus caused death in this case.

Dr. Spence recalled experience of a number of cases he had known, of sudden death, probably due to embolus. One a confinement case, on the ninth day when he reached house, the patient was dead. Another fracture case where at the end of the third week the patient suddenly died. Also an abscess of breast in the hospital who died an hour after the third dressing was completed. Dr. Spence said he knew of nothing to prevent embolus, but thought it inadvisable to let operated cases get up too early. Cited another case of small fistula in ano, that was operated upon, and wanted to go home on the fifth day. Permission was given. He walked from the hospital and on reaching Hoboken avenue bridge, he dropped dead.

A boy of twelve, a patient of Dr. Larkey, suffered from intestinal obstruction, following appendicitis. He administered gas, and spent lots of time freeing the adhesions. An hour after the operation the boy died. Death was not due to shock, but no doubt due to intestinal manipulations. Another case of acute appendicitis, with general peritonitis—poor surgical risk—pupils dilated. Manipulations were ceased, and operation suspended and the patient recovered.

Dr. Stanley R. Woodruff, of Bayonne, exhibited three specimens of surgical kidneys: Pyonephrosis, hydronephrosis, T. B. kidney. For account of these cases see under Clinical Reports, page 129.

#### MERCER COUNTY.

Irvine F. P. Turner, M. D., Reporter.

The regular meeting of the Mercer County Medical Society was held at the City Hall, on February 1st, at 8.30 P. M. Dr. Bellis being detained, our vice-president, Dr. Funkhouser, presided. The essayist for the evening being unavoidably absent, and having in our presence Mrs. Adams and Miss Stevenson, upon motion, it was unanimously voiced to listen to their appeal upon the milk situation in the city and vicinity of Trenton, and read the action of the Housewives' League of Trenton urging the commissioners to enact an ordinance prohibit-

ing the sale of milk unless efficiently pasteurized or drawn from cows that have been tubercular tested at proper intervals.

Dr. Hutchinson reported a case of pneumonia, apparently convalescing for one week, when suddenly the onset of meningeal symptoms arose, with death from pneumococcic meningitis within twenty-four hours.

Dr. Schoening spoke on the importance of wearing lenses constantly and recognizing constitutional diseases before giving positive advice.

Dr. Scarlett reported on three cases of asthmatic attack, due to infected tonsils.

Dr. Hawke reported a case of spina bifida, whether operation is justifiable.

Dr. Sommer believed operation advisable before infection takes place, when no leakage has occurred.

Dr. Costill spoke on two bills before the Assembly—chiropractic and osteopathic—and the members of the society were urged to become interested immediately, and decided action taken.

Drs. Mackenzie, Barwis, Scammell and McGuire spoke on the foregoing subject.

#### PASSAIC COUNTY.

William Veenstra, M. D., Reporter.

The regular monthly meeting of the Passaic County Medical Society was held on Tuesday evening, February 8, 1916, in the Braun Building, Paterson, New Jersey, thirty-two members were present. The president of the society, Dr. B. H. Rogers, presided.

Dr. B. H. Rogers presented a case of ulcer of the stomach upon which he had performed a posterior gastro-enterostomy, with excellent results. Dr. William Spickers presented a similar case.

Dr. Jacob Roemer read a short paper upon the "X-ray Diagnosis of Diseases of the Gastro-intestinal Tract and Thorax." He also exhibited about sixty X-ray pictures illustrating many pathological conditions of the stomach and intestines.

Dr. William Neer, chairman of the Legislative Committee, reported that the society had succeeded in obtaining a conviction in the case of Leon Van Der Cruyssen, a self-styled "Professor" for practicing medicine illegally. He received a sentence of thirty days in the County jail. Four other illegal practitioners are out on bail at the present time in the sum of four hundred dollars and will be tried at a later date. The Legislative committee had secured the services of a skilled detective and has evidence against twenty illegal practitioners.

On resolution it was moved that all physician members in good standing of the society be made members of the new Passaic County Medical Society, Inc., without the payment of any initiation fee. It was further resolved that all the officers and committees from the old society hold their respective offices in the new society. It was further resolved that all by-laws and amendments of the old Passaic County Medical Society be adopted as the by-laws of the Passaic County Medical Society, Inc.

Upon motion the president appointed a committee consisting of Drs. Mitchell, Neer, Cogan and Whalen to revise the by-laws and have copies of same printed.

The application of Dr. Mills for membership was referred to the Board of Censors.

Drs. Holmes and McLean were reinstated as members of the society.

The meeting adjourned after which a collation was served.

### SALEM COUNTY.

Norman H. Bassett, M. D., Reporter.

The regular winter meeting of the Salem County Medical Society was held at the East Avenue Hotel, Woodstown, on Wednesday, February 2nd, the president, Dr. G. W. H. Fitch, in the chair.

The afternoon was taken up mostly with reports of committees and reports of special cases, followed by discussion of the cases. After the usual dinner the society adjourned to meet in Salem the first Wednesday in May, 1916.

## Local Medical Societies.

### Bayonne Medical Society.

Morris Frank, M. D., Reporter.

The regular meeting of the Bayonne Medical Society was held at Elks' Hall on January 15, 1916. Dr. L. E. Deary presided over the meeting and Dr. M. Parounagian, of New York, was a guest of the society. After the routine business of the society was disposed of, there were reports of interesting cases.

Dr. F. M. Corwin—Boy aged 2 and one-half years. Was sick one week with obstinate vomiting and constipation. Temperature was normal; abdomen was flaccid and no tenderness, tympanites or rigidity. There was no sign of obstruction. Dr. Dickinson was called in and advised waiting. Suggested placing of spice bag over abdomen. At the end of a week, baby began to vomit semi-fecal matter and was too weak to be operated on. Child retains some on his stomach. Suffers great thirst. Expects to be able to tell what it is at the next meeting.

Dr. W. W. Brooke—(1). Man 42 years old. Cooper by occupation. Health good. Ate chicken one Saturday evening. After swallowing the chicken, he was unable to swallow anything till Wednesday. X-ray showed bismuth meal stopped in esophagus near the cardia. There was no dilatation or pouch in the gullet. He regurgitated the bismuth. Only 14 inches of stomach tube could be passed down. Did not swallow any water. Next evening ate a square meal. He then vomited and since then has been all right. Diagnosis—spasm of the esophagus.

(2) Woman 4 months pregnant. After intercourse developed sudden pain in abdomen. She ate a heavy meal that night. On examination, pulse and temperature were normal. No flatulence. Morphine was necessary for the pain. Next morning felt better. There was no signs of bleeding. Had spasmodic pain. Vaginal examination showed no cervical dilatation and no masses. In the afternoon, she vomited some and had severe pain. No fever still. In the evening felt about the same. About 8 P. M. she began to go into collapse. Had symptoms of internal bleeding. Suggested operation. Pulse thready and sometimes absent. Pain

was all over the upper abdomen most of time. Was given colloid injection by vein. On opening abdomen, found a 4 months' fetus in unruptured membranes. Fundus was ripped from horn to horn. Bleeding from placental site. Sewed up uterus and closed abdomen. Got well. At the end of two weeks, she passed some decidua.

Dr. M. Shapiro—Saw a child who was in a profuse sweat. Temperature 105. No signs in chest. Next day temperature was still 105 but no perspiration. On fifth day he found murmurs over apex and base of heart. A few days later the father started the same way. On third day he developed pneumonia. Another child developed pneumonia. Father died and the second child got well. The father started with pain on the left side and the pneumonia developed on the right side.

Dr. G. H. Sexsmith—Saw a case which another doctor called appendicitis. The patient had a normal temperature and pulse of 105. Abdomen was slightly tender. Man was in good condition. The next morning the patient was dead, due to septic peritonitis from a ruptured appendix. The patient was sick five days before he was seen.

Dr. Klein—Saw a case where patient began with pain in the epigastrium which then migrated to the appendix region. When brought to the hospital he had very little tenderness with a normal pulse and temperature. On operation a gangrenous appendix was found.

Dr. M. Parounagian, of New York—Young German aged 35, waiter by occupation. On March 14, 1914, he appeared with a scrotal chancre. Three or four days later he appeared with another chancre at the meatus. The second chancre caused pain and destruction of tissue. Wassermann was negative. Began mercury and salvarsan treatment before secondaries appeared. On August, 1914, the patient left on his own accord. He then had a negative Wassermann and was symptom free. On December 24, 1914, he appeared with a circumscribed sore in the pubic region. Had white precipitate ointment prescribed. It looked like a chancre. Wassermann reaction was again negative. A spirochete examination was also negative. He was convinced that it was a reinfection of syphilis. Patient had no other symptoms. Six to eight weeks after, secondaries developed and he gave a positive Wassermann and had all the classical symptoms of lues. The negative spirochete examination was probably due to the application of the white precipitate ointment.

Dr. Frank then gave a short talk on recent progress in orthopedics. Then followed the paper of the evening by Dr. Shapiro, entitled, "Diagnosis of Some of the Itching Diseases of the Skin." This paper is enclosed with this report for publication in the Journal.

### Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club met on the evening of January 26, 1916, as the guests of Dr. Harry Vaughan at his residence in Morristown. Dr. Fred W. Owen presided.

In addition to most of the members, Dr. Davis, of New York City, and Dr. Scarbor-



ough, of Madison, New Jersey, were present.

The paper of the evening, read by the host, was on "The Adenoid and Tonsil Problem." After discussing various theories as to the uses of the tonsils to the body and their dangers when diseased, the doctor said that the indications for operation were enlarged tonsils, frequent attacks of quincy or tonsillitis and interference with the speech. He thought every one operating should make himself perfectly familiar with some operation and then perform that one.

He then described several operations for the removal of tonsils and adenoids and showed numerous instruments used by different men, describing the technic used with each. Tonsillectomy was preferable to tonsillectomy unless the tonsils were badly diseased. The tonsils would grow again in time if any portion remained. Before concluding his address the doctor read from his records several interesting case histories.

In the discussion, Dr. Mial described the technique used by him in removing tonsils. Dr. Sutphen said that he found hearing benefited in some cases after operation but principally in those whose ears could be inflated prior to the operation or where the disease was only of short standing. He reported a case where defective hearing was markedly improved after an operation straightening a septum deviation. He thought it advisable to finish completely, removing the first tonsil, and have a clear field before removing the second tonsil.

Dr. Davis stated that middle ear disease was much less likely to occur during infectious diseases if the tonsils and adenoids had previously been removed. He had frequently had patients who had the mouth breathing habit, complain of dry throats after tonsillectomy. The use of the nasal laryngoscope to examine the amount of adenoid tissue was a great advance over any former method. Opening tonsillar abscesses with a dressing forcep was often safer than the use of a bistoury. The doctor before concluding described the technique he used as he considered it advantageous in every way.

#### Hudson County Tuberculosis Hospital and Sanatorium Association.

Berthold S. Pollak, M. D., Secretary.

The eighteenth regular meeting of the Association of Attending Physicians of the Hudson County Tuberculosis Clinics was held on Monday, January 10th, 1916, in the medical room of the Jersey City Free Public Library. Dr. Harold W. Brown presided.

There were present: Drs. B. S. Pollak, A. W. Little, A. E. Jaffin, F. J. Quigley, G. H. Sexsmith, A. A. Mutter, R. L. Ballinger, A. Sacco, J. J. Craven, F. H. Edsall, H. H. Brinkerhoff, H. W. Brown, Hon. Mark M. Fagan.

All the nurses connected with the Jersey City Department of Public Health: Misses Allen, McHugh, Rider, Summers, Fitzgerald, McCormack, Sledge, Shepherd, Monahan, Madden, Benn, Witt, Shute, McBride, Mansfield, Coombs, Dolan and Usher.

Dr. Edward L. McSweeney, of the Sea View Hospital, read a paper on "Poverty—What It Is and Its Effects."

The paper was well received and discussed by Drs. Pollak, Sexsmith, Quigley, Edsall,

Craven, Brinkerhoff and the Honorable Mark M. Fagan, Mayor of Jersey City.

Dr. Reeve L. Ballinger was elected to active membership. Drs. Edsall, Brinkerhoff and Craven and the Misses Doherty, Mansfield and Usher were elected to associate membership. The nurses connected with the Jersey City Department of Public Health were also elected to associate membership.

The next regular meeting, which will be the annual meeting of the association, will be held on Monday, February 14th, with Drs. F. J. Quigley and Harold W. Brown as essayists.

#### Orange Mountain Medical Society.

The annual meeting of this society was held in the rooms of the William Pierson Medical Library Association, January 21, Dr. J. M. Maghee, the president, in the chair.

The society elected the following officers for the ensuing year: President, Dr. George H. Cobb, of South Orange; vice-president, Dr. Arthur W. Bingham, of East Orange; treasurer, Dr. Walter Dodge, of Orange; secretary, Dr. Edgar C. Seibert, of Orange. The Executive Committee with the president, vice-president and secretary, Dr. Richard D. Freeman, of South Orange, and Dr. James T. Hanan, of Montclair. Drs. J. M. Maghee, Richard C. Newton and W. H. White were elected as the board of censors.

Dr. Maghee read a paper on "Vaccination," which was discussed. Drs. T. W. Harvey and W. Dodge submitted a minute of respect to the memory of the late Dr. Herman P. Gerbert, of Orange, who was a member of the society and who died December 19, 1915.

#### Practitioners' Society of Eastern Monmouth.

Stanley H. Nichols, M. D., Secretary.

The regular monthly meeting of this society was held at the Monmouth Memorial Hospital, January 13, 1916. Dr. H. B. Slocum, president, in the chair. This meeting was designated as an "obstetrical meeting."

Dr. James D. Trask, of Atlantic Highlands, a retired physician, who had had a very extensive obstetric experience in New York, gave a very practical talk on "The Functions of Obstetrical Forceps." He particularly discussed the auxiliary functions of forceps to the main function—that of traction, such as levers and pressors, citing cases to illustrate his meaning.

Dr. Edwin Field, of Red Bank, senior visiting surgeon of the Monmouth Memorial Hospital, then read an excellent paper on "Caesarean Section," which I forward with this report for publication in the Journal.

Dr. H. E. Shaw, of Long Branch, reported a remarkable case of Caesarean section he performed on a woman who had been in labor two days and one night, many examinations had been made, forceps had been applied and slipped. He was at this point called in consultation and advised Caesarean section. On opening the abdomen he found a large rent in the uterus and the child and placenta already extruded into the abdominal cavity. The woman had been given pituitrin early in labor. A hysterectomy was done, the woman recovered and left the hospital in three weeks. These subjects were discussed and other obstetrical cases were cited by Drs. R. S. Bennett, Jas. D. Trask, H. E. Shaw, H. B. Slocum and Edwin

Field. Thanks were extended, on motion, to all who had contributed to the scientific program of the evening.

A committee was appointed to draft resolutions on the death of Dr. J. E. Sayre, of Red Bank, a member of the society.

#### Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, February 25, 1916, at 8.30 P. M., Dr. Jaquith presided, Dr. Krauss entertaining.

Present: Drs. Baker, Bebout, Bowles, Bramley, Campbell, English, Jaquith, Keeney, Krauss, Lamson, Lawrence, Meigh, Moister, Pollard, Prout, Smalley and Wolfe, and Drs. Reiter, of Summit, Seward and Coultas of Madison, and Douglass, Horn, Mial, Sutphen, Foster and Dean, of Morristown, as guests.

The paper was read by Dr. Nellis P. Foster, of Cornell University on "Diabetes." The essential factor in diabetes is a hyperglycemia and not a glucosuria, which represents simply the overflow from the sugar reservoirs of the blood. Transitory glucosuria, after operations or some serious injury to the central nervous system, is due to a nervous disturbance, which temporarily floods the blood with sugar. In diabetes proper the sugar, which is the coal of the body, cannot be utilized by the cells, though they are constantly demanding it.

The cause of diabetes is as yet undetermined, though many theories exist. The role of the pancreas is still also a theory. The thyroid and pituitary glands have a causal connection in some cases, and in others it seems to be a pure intoxication of gastro-intestinal origin. There is no constant pathological lesion.

Treatment: In mild cases consists of diet, exercise and general hygiene. The latter is important, and prophylactic treatment should always be given and care taken to avoid any infections, however slight, as they may prove very dangerous in diabetes. Gangrene is always primarily an infection. By a carefully selected, starch-free diet the sugar in the urine is easily reduced to zero, and should be kept there for at least two weeks; carbohydrates should then be carefully added, observing the tolerance of the patient, and regular starvation days ordered, once a week or oftener, and this must be kept up for months.

In severe cases, with extreme glucosuria, rapid emaciation and acidosis, it is important to "do nothing suddenly," as coma is easily precipitated. Begin the diet with a definite amount of carbohydrate—preferably oatmeal—for a few days, and then proceed to a low calorie, carbohydrate-free diet, and continue as in the mild cases, with starvation days at regular intervals.

The Allen treatment is dangerous, as acidosis is easily produced, and one out of ten patients is liable to die under this treatment. Dr. Foster does not use drugs in the treatment of diabetes. Operations on diabetics are very dangerous. Much can be done in these cases by the medical treatment.

The paper was fully discussed, and at a late hour the meeting adjourned, and refreshments were served.

#### NEW JERSEY MOSQUITO EXTERMINATION ASSOCIATION.

The third annual meeting of this association

will be held at the Hotel Traymore, Atlantic City, on February 17 and 18.

Thursday afternoon, February 17, beginning at 2 o'clock, invocation; "The Place of Dikes, Sluices and Tide Gates in Mosquito Extermination," James E. Brooks, Glen Ridge; "The Place of Pumps in Mosquito Extermination," William E. Delaney, Jersey City; "The Cost of Salt Marsh Drainage for Mosquito Control," Harold I. Eaton, Atlantic City; "Financial Side of Mosquito Control," Russell W. Geis, chief inspector, Elizabeth; "Problem of Malarial Control," Dr. Ulric Dahlgren, Princeton; symposium, "Recent Advances in Mosquito Control Work," with reports of what has been accomplished in Bergen, Passaic, Middlesex, Ocean and Cape May counties; "The Problem of Fresh Water Mosquito Control," Mr. Dobbins, Newark; "The Place of Bats in Mosquito Extermination," Dr. Campbell, San Antonio, Tex., and Dr. F. C. Bishop, bureau of entomology, Washington; "Relation of the State Board of Health to Mosquito Control," Dr. Jacob C. Price, commissioner of public health of New Jersey.

Thursday evening, "The General Principles of Mosquito Control for Disease Prevention in Havana, on the Isthmus and in New Orleans," Dr. W. C. Gorgas, surgeon general of the United States Army; address, Governor Fielder; "The Problem of Mosquito Control Work in New Jersey," Dr. Ralph H. Hunt, East Orange; "Political and Economic Consideration in Mosquito Control Work," Dr. Jacob G. Lipman, New Brunswick.

Friday morning, beginning at 9 o'clock, business meeting; "The Interstate and Mosquito Extermination Committee and Its Work," Dr. Haven Emerson, commissioner of public health, New York City; symposium, "The Taxpayers' View of Mosquito Control Work," Assemblyman Charles C. Pilgrim, Newark; Senator Charles M. Egan, Jersey City; F. C. T. Wilbur, Union County Board of Freeholders; Spencer Miller, South Orange; "Antimosquito Work of the Bureau of Entomology, United States Department of Agriculture," Dr. L. O. Howard, Washington; "The Value of Experimental Study to the Practical Work of Mosquito Control," Thomas J. Headlee, Ph. D., New Brunswick.

The following officers were elected for the ensuing year: President, Dr. William E. Darnall, Atlantic City; first vice-president, Dr. H. H. Brinkerhoff, Jersey City; second vice-president, Robert F. Engell, New York; secretary, Thomas J. Headlee, New Brunswick; executive committee, Ralph H. Hunt, M. D., William C. Hope, Joseph Camp, Ira Barrows.

**New Jersey State Census.**—The State Census of New Jersey, recently made public, shows that there are now in the State 2,844,342 persons, an increase of 700,208 over 1915, when the last census was taken. There are 734,052 persons of foreign birth, 95,281 negroes; 1,428,189 males; 1,416,183 females; and 1,167,340 married persons. The Irish in the State have decreased from 136,061 in 1905 to 75,444 this year; and the Germans from 119,051 in 1905 to 115,711; while the English have increased from 47,404 in 1905 to 55,357, and the Italians from 75,786 to 144,848.



# THE JOURNAL

OF THE

## Medical Society of New Jersey

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MARCH, 1916.

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,  
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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The Editor regrets the necessity for requesting that our readers will kindly overlook any errors that may be found in this issue of the Journal; also any lack of promptness in replying to correspondents. With several cases of severe illness among his aged patients who required close care, his editorial work with its extensive correspondence, arrangements for the coming anniversary meeting and preparation for Board of Trustees and other meetings, his time and thought have been severely taxed.

**"PAY YOUR DUES. THEY WERE DUE JANUARY 1.**

**"YOUR SECRETARY IS TOO BUSY GETTING NEW MEMBERS TO FOOL AWAY GOOD TIME "DUNNING" YOU.**

**"DO IT NOW!"—Ohio Medical Journal.**

**IT APPLIES TO OUR NEW JERSEY MEMBERS WITH GREATER FORCE BECAUSE OF OUR APPROACHING 150TH ANNIVERSARY.**

**THE OFFICIAL LIST OF THE SOCIETY IS NOW BEING PREPARED AND YOUR NAME WILL NOT APPEAR IF YOUR DUES ARE NOT PAID.**

### OUR SESQUI-CENTENNIAL.

As the time draws nearer the signs of a very enjoyable and successful anniversary, June 20-22, improve. The meetings of the Board of Trustees and the Committee of Arrangements held last month were full of interest and promise. We shall be surprised if the attendance does not exceed rather than fall below our prophecy of 1,000 of-

ficers, delegates—permanent, annual and associate—and guests, including, of course, the ladies; so that we shall tax the hotel accommodations at Spring Lake to their full extent, not only the New Monmouth and Essex and Sussex, but also the smaller hotels.

We ought to know by June 1st, approximately, the number to provide for, and it will be advisable for those who plan to attend to engage rooms very early in June. Managers Shute and Plumer, of the New Monmouth and Essex and Sussex, respectively, we know will do everything in their power for the comfort and enjoyment of those who attend. We wish, however, all our members who intend to go, to understand that the hotel authorities and the committee have a large undertaking on their hands and they desire the considerate and helpful co-operation of all.

### MEDICAL LICENSURE.

That the present method of granting licenses to practice Medicine and Surgery is not entirely satisfactory is self evident, but how it can be changed in order that it may become so, is open to argument. The conservation of health and the preservation of life should be the chief concern of both National and State Governments, and to achieve this end they should work in harmony, each supplementing and helping the other. Where the National Government leaves off the State should begin, and so on through city, county and municipality down to the individual. The time has come for the Government to supervise and control not only the public health, but that of the individual as well, and in order to do this some radical changes must be made in existing laws.

It is not proposed to offer a plan of sickness or health insurance, but merely in passing to affirm the belief that the day is not far distant when some sort of Federal or State regulation will be provided by which the lives and health of the people will be carefully safeguarded, and medical and surgical attention provided through some scheme of co-operative effort, patterned after the plan successfully carried out in England and Germany. As a preliminary step something should be done to improve the conditions surrounding medical licensure.

It is perfectly apparent that for their own protection the States have found it necessary to regulate the practice of medicine and surgery, and in so doing have passed

laws compelling any one wishing to begin to practice to first procure a license issued by a regularly constituted Board of Examiners after a so-called thorough test of the fitness of the individual.

On the face of it this would seem to be all sufficient, but as a matter of fact it is entirely unsatisfactory and does not insure that only competent men and women will be granted such privileges. The reasons for this are many. There is a natural tendency or ability that makes one individual better qualified to practice medicine than another, and no amount of training or education will make one the equal of the other.

The spirit or motive that impels a man or woman to enter the profession. Commercialism never made a good doctor, and never will, yet quite a few do study medicine because they imagine it an easy way to attain a respectable position in society and is certain to produce a satisfactory income. But these are of minor importance. The serious and vital defect in our present system has to do with the unequal and differing standards both of pre-medical educational requirements, and of professional training. The past few years have shown a wonderful improvement in this respect, however, and the work of the Council on Medical Education of the A. M. A. has already revolutionized the methods of medical teaching.

The one thing needed now is to standardize our methods of examinations, and to have them uniform throughout the country. There is no valid or sensible reason why one State should require more than another in the way of pre-medical education, professional training or hospital experience before granting a license to practice, nor why one set of men should be compelled to spend eleven years of study while others can be accorded equal advantages under the law at an expenditure of less than half that time, or certain cults be allowed to have no preparation at all. Neither is there any reason or justice in a man being licensed to practice in one State not being eligible to practice in any other State in the Union on the payment of a certain fee and the presentation of proper credentials.

We must *nationalize* our examinations, and have a uniform standard which will apply to all who wish to practice the healing art, regardless of his sect or cult. It should apply as well to the devotees of a commercialized religious cult as it does to a true disciple of Esculapius. A National Board of Medical Examiners is a necessity, and

State boards are equally important, but the functions of the first should be authoritative, while that of the latter should be administrative.

A State board should be a part of a well organized health department whose function it should be to accept certificates of proficiency issued by a national board after proper and thorough examination, and the privilege should be granted to practice in the State where such certificate is properly presented, recorded and a reasonable fee paid. A further duty of this administrative board should be to see that such a licensee continue to be worthy and well qualified, and to this end should *re-examine* the holder of such a license from time to time on the advances made in the practise as well as the theoretical knowledge of the profession. It should also see that they are physically fit as well as morally competent to continue in the practice. It should also be charged with the proper execution of the laws in so far as they relate to the public health, as well as to the prosecution of violations of the statutes both on the part of the people themselves as well as of their medical advisers. Such a board should be in the employ of the State, should be composed of medical and lay members, and should give their entire time to the work. They should standardize and have a general oversight over hospitals whether State, municipal or private institutions; should control every sort of person who attempts to heal the sick or relieve the suffering, be they pathy, cult, sect, midwife, trained nurse or any other person. It should register pharmacists and dentists and supervise the sale of patent medicines, proprietary foods or medical preparations. Such a board, if efficient, properly organized and given the necessary authority could reduce the death rate 50% at once, and the morbidity at least as much as this, if not more. What has more potential value to the State or the Nation than the life of a child? What will one give for good health? Everything. If these things be true, why will organized society permit things to continue as they are? Surely only selfish indifference can account for it. The better day is dawning, however, and we are beginning to see the light.

We already have a National Board of Medical Examiners whose objects, aims and purposes are of the highest, and whose influence on medical examinations and licensure are to be epoch making. The personnel of this board is of such a character as



to command attention, as well as to compel respect.

May the day soon come when every person who wishes to practice medicine or surgery in any of its manifold ramifications shall be compelled by an enlightened public opinion, as well as by legal enactment to demonstrate their physical, moral and intellectual fitness to do so before such a board.—A. MARCY, Jr.

**DO NOT FORGET THAT WE ARE WORKING TO HAVE ENROLLED 2,000 MEMBERS WHEN WE MEET NEXT JUNE TO CELEBRATE THE 150th ANNIVERSARY OF OUR SOCIETY.**

**LET EVERY MEMBER HELP IN THE EFFORT TO HAVE EVERY REPUTABLE, LEGALLY QUALIFIED PHYSICIAN ENROLLED AS A MEMBER. IT IS NOT MERELY A MATTER OF PRIDE, BUT IT MEANS MORE PERFECT ORGANIZATION, FOR THE INDIVIDUAL MEMBERS AND THE PROFESSION'S SCIENTIFIC ADVANCEMENT AND ECONOMIC WELFARE.**

DR. JOHN G. RYERSON.

It is with the deepest regret we record the death of Dr. John G. Ryerson, which occurred suddenly on February 10, 1916, at his home in Boonton, N. J.

The doctor graduated from the College of Physicians and Surgeons (Columbia), New York City, in 1860 and had been in *active* practice for more than half a century. He was a member of his county society and was one of its most regular members, as he was also almost invariably present at the annual meeting of the State Society and was one of its most active members. He was elected president of the Medical Society of New Jersey in 1893 and presided at the annual meeting in 1894. Though advanced in years—83—and in feeble health, with failing eyesight, he was present and took a deep interest in the annual meeting at Spring Lake last June.

We can only say, "Well done, good and faithful friend and servant, we shall greatly miss you from our annual gathering this year."

A joint meeting of the Anniversary, Scientific and Credential committees was held last month at Dr. G. N. Sommer's residence, Trenton, to plan for co-operation in work for the anniversary. Dr. and Mrs. Sommer provided an elaborate and bountiful luncheon which was greatly appreciated.

## Miscellaneous Items.

### Academy of Medicine of Northern New Jersey.

The stated meeting will be held on March 15, when the anniversary discourse will be delivered by Dr. Robert Tuttle Morris, of New York, on "Microbes and Human Nature." The Nominating Committee will report.

Medical Section—Clinical night, March 14. Members are requested to present cases.

Section on Eye, Ear, Nose and Throat, March 27—Paper on "Trials and Triumphs in Rhino-Laryngology," by Dr. Henry B. Orton.

Section on Pediatrics, clinical meeting, March 1st—Program to be announced on section postal.

Section on Gynecology, March 23—Symposium on Non-Operative Gynecology: (a) Medicine in Gynecology, Dr. Sarah R. Mead; (b) Office Treatments, Dr. Edward J. Ill; (c) Indications for the Use of Pessaries, Dr. Victor Parsonnet; (d) Roengen Treatment of Uterine Fibroids, Dr. Erwin Reissman.

The Section on Pediatrics meets at 4.15 P. M. All other sections at 8.45 P. M.

### Essex County Medical Society.

Meeting at the rooms of the Board of Trade, 800 Broad street, Newark, on Thursday, March 16, at 8.45 P. M.

Dr. J. Chalmers Da Costa, Professor of Surgery at the Jefferson Medical College, Philadelphia, will speak on "Stepping Stones and Stumbling Blocks."

Ladies and the general public are invited to attend.

### DOCTOR:

If the goods advertised in this publication are equal in quality (and we hold that they are superior in many respects) you should purchase them in preference to those not advertised with us. You should help those who help you—therefore patronize your own advertiser. They are reliable firms and you can rely on the high quality of the things offered in these pages. See Bulletin No. 2, page 156.

### Low Infant Mortality Rate in Newark.

Dr. Julius Levy reports that the infant mortality rate in Newark was 83.8, the lowest in the history of the city:

	1914	1915
New York . . . . .	94.6	98.2
Newark . . . . .	98.0	83.8

Surely Dr. Levy and his department of health work, as well as the city of Newark, deserve our congratulations on such evidence of efficiency.

### Other One Hundred and Fiftieth Anniversaries.

The one hundred and fiftieth anniversary of the founding of the Medical School by John Morgan at the University of Pennsylvania was celebrated by a dinner given by the Society of the Alumni of the Medical School, at the Bellevue-Stratford, February 4. More than 250 physicians were present. Harvard University

Medical School sent its Dean, Dr. Edward H. Bradford. Dr. John K. Mitchell was toastmaster, and speeches were made by Dr. Harry Lane, United States Senator from Oregon; Dr. Alonzo E. Taylor, provost; Edgar Fahs Smith, and Dr. Charles K. Mills.

Rutgers College, New Brunswick, N. J., celebrates its one hundred and fiftieth anniversary in October of this year.

#### Cancer Increasing in Pennsylvania.

According to the report of the Cancer Commission of the Pennsylvania State Medical Society, made at the sixty-fifth annual meeting of this society in Philadelphia last week, the death rate from cancer in that State is increasing out of all proportion to the increase in population and that immediate action by health officials and the medical profession has become imperative. Since 1906, the report states, the death rate has increased 23½ per cent. Last year the number of deaths from malignant growths reached 5,197.

Consult the best authorities concerning the beginning of cancer.

Attach great importance to the potential dangers of chronic irritation.

Never wait to see what will happen to a lump in the breast.

Chronic indigestion is not a diagnosis, but a symptom-complex which requires the elimination of gastric cancer as its cause.

Early recognition is the key-note to the control of cancer.

Radical removal is the safest treatment for a doubtful growth.

--Florida Med. Ass'n Jour.

**Another Newspaper Will Decline Quack Advertisements.** — A recent Bulletin of the Department of Health calls attention to the fact that the Evening Telegram has announced its intention to decline to publish advertisements of medical specialists, extends its congratulations to the Evening Telegram and commends its action to other newspaper proprietors. The opinion is expressed that the closure of the columns of this prominent daily will tend in a great measure to eradicate the evil of quack advertising in New York newspapers.

**Mother of Nine in Eighteen Months.**—Mrs. Drewry of Spencer County, Ky., is reported to be the mother of nine children in eighteen months. Mrs. Drewry, who is about thirty years old, gave birth to five children in May, 1914, and on November 5, 1915, to four boys. Seven of the nine, all boys, have thus far survived.

#### High Fee for German Surgeon.

It is reported from Berlin via London that an aide-de-camp of the sultan arrived in Berlin, January 30, bearing a fee of about \$30,000 for Dr. Israel, who recently operated on the Turkish sovereign.

Dr. Robert E. Soule, Newark, has removed his offices to the Aldine Building, 2 Lombardy street.

#### Organization Needed to Solve Medical Problems

Extracts from the Annual Address of President Mattison of the California State Medical Society.

The question is, how can the medical profession solve these problems? Can we do it by asking for legislation? Most assuredly No; before legislation can be secured a campaign of education to create a demand for such legislation is necessary. The public must be taught the needs of such legislation before it can be secured, and the economic value of desirable legislation established can be proven, that an economic value can be placed on preventive medicine. Demonstration of such economical value has recently been so forcibly brought to the attention of the public by the preventive means used in the building of the Panama Canal. It may be necessary to make many such demonstrations before the public will demand prevention. There are many "canal zones" here at home that need cleaning up as badly as the Panama Canal Zone.

Industrial insurance which particularly affects that class whose incomes come below the income tax exemption of \$3,000 per annum could be so amended that all incomes below that limit could proportionately pay an income tax which might be devoted to purposes more directly beneficial to such classes. The amendment of the present income tax affecting all incomes below \$3,000 per annum should be used for insurance purposes beneficial to such classes.

Sociological problems as they affect the masses must be problems that our profession must of a necessity deal within the line of preventive medicine and require careful consideration from all sides and particularly that side pertaining to state medicine. The function of the state should be to give adequate protection by suitable preventive measures, and that it can be done there can be no question, but the medical profession must create a demand for such legislation by educational means rather than by the use of the "lobby." They should be removed from the realms of political fancy or party measures and made a function of the state irrespective of political preferment and that this can be done need not be taken as an idealistic dream if the medical profession will get together in an organization that is stronger in its makeup and broader in purpose than the average State Medical Society. Each State Society should be so many units of strength that will work as a unit when those things of vital interest to our profession are at stake. Our Society can be such a unit of strength if we will make it so. We have as our mouthpiece one of the best medical journals in the United States. If it be necessary to raise the dues for membership in our County Societies even to double the present dues and spend more money in the organization of our Society until such time as medicine in the State as members. This would it will have every reputable practitioner of make it possible for us to relieve the Editor of the Journals of the business management and other duties which could be left to a staff of assistants that would make it possible to handle the work of the Society as the increase of activities demanded.

A State Medical Society should mean a Med-



ical Society for scientific advancement run on good business principles. With increased membership a stronger organization will be possible, enabling us to enlarge our activities, especially along the line of educational work. To classify, we could

First, perfect a better organization among its members with the view of broadening its scope beyond its scientific limits and increasing the fraternal spirit.

Second, institute good business methods in dealing with legislation pertaining to the advancement of scientific medicine by interesting ourselves in the personality of our State legislature and aid in the selection of those who are competent to legislate judiciously irrespective of the quack and irregular influences.

Third, to increase the usefulness of the Journal by separating the editorial from the business management, thereby making it possible to do better "team" work and increasing its usefulness. Scientific, religious, political and business interests find it necessary in the accomplishment of their highest aims to first perfect an organization for the furtherance of such aims and the medical profession so far have not taken the pains to perfect such organization either from lack of interest or lack of fraternal cohesion. It is time for us to get together and by uniting our efforts work out some of these problems.

## Marriage.

RUNYON-NEILSON.—At New Brunswick, N. J., February 9, 1916, Dr. Laurence P. Runyon to Miss Katherine McClelland Neilson, both of New Brunswick.

## Deaths.

BAXTER.—At Jersey City, February 22, 1916, of pneumonia. Dr. Milton Edward Baxter, of Jersey City, aged 34 years.

Dr. Baxter graduated from the Jefferson Medical College in 1902. He was a member of the staffs of Christ Hospital and the Hudson Street Hospital and Dispensary. He was a member of the Hudson County and the State Medical societies.

HIGGINS.—At the Ann May Memorial Hospital, Spring Lake, N. J., January 27, 1916, Dr. Archibald S. Higgins, of Manasquan, N. J. Dr. Higgins graduated from the Bellevue Hospital Medical College, New York City, in 1892. He was injured in a collision between a railroad train and the automobile he was driving at Alenhurst, N. J., January 27, taken to the hospital and died a few hours later.

RYERSON.—At Boonton, N. J., February 10, 1916, Dr. John G. Ryerson, aged 83 years.

Dr. Ryerson graduated from the Columbia University, College of Physicians and Surgeons, in 1860. He was a member of the Morris County Medical Society of the Medical Society of New Jersey, of which he was president in 1893.

Further obituary notice of Dr. Ryerson will be given in the April Journal.

MARTINDALE.—At Camden, N. J., February 12, 1916, Mrs. Charlotte E. Martindale, wife of Dr. J. Watson Martindale, of Camden. Mrs. Martindale underwent an operation at the Woman's Hospital, Philadelphia, some weeks ago.

## Editorials from Medical Journals

### Your Journal.

From the Maine Med. Asso'n Journal.

If the function of the State Medical Journal lay merely in placing before its readers a certain amount of the recent current medical literature each issue, its lease of life would be long and its course smooth. But is this after all what the average physician wants or expects as he glances through the pages of his Journal? We think not.

It is quite common for an individual in picking up a Journal to glance through the advertising pages, whether in search of some article, or from habit. He may find what he is looking for, or he may find a suggestion of something else that he really wanted but had quite forgotten. It apparently is quite a common habit among physicians to scan hurriedly the papers in the Journal, and to turn to County News and Notes and Personal Notes, which tell them more of the active organization work and of the individuals who are themselves interested in such work. And so we may be pardoned perhaps in placing emphasis on two quite important issues in the running of a state medical journal; namely, first, advertising pages, and secondly, our county news and notes and personal notes.

The Journal representing State Medical Societies in this country have cleansed their advertising pages, and to-day represent the clean, pure, and strong medical journalism of this country. In short, the A. M. A. Journal, together with the twenty-eight State Medical Journals, represents a strong and successful co-operative effort in this country for clean medical journals, and to-day they offer their advertising pages only to those advertisers whose products are acceptable to the Council on Pharmacy and Chemistry, and, furthermore, the Co-operative Bureau, before accepting such advertising, assures itself as to the responsibility of the individual or concern so as to not only protect the Journals, but also to protect the physicians in their dealings with such concerns or individuals; and now the Co-operative Bureau informs us that, furthermore, "they have organized a Service Department in which they keep catalogues, price lists and all the latest data about pharmaceutical products, surgical instruments, automobiles and other goods which physicians use for their homes, offices, sanitariums, hospitals, etc. This Service Department will be able to promptly answer any inquiry, stating where such products can be obtained, the price, etc." This information will be given free to all readers of your Journal.

Now, doctor, think what this means to you. We shall be glad to have you confine your dealing to those advertising in the Journal, so far as possible, but if there is any article or instru-

ment which you are endeavoring to locate, and you do not find it among the Journal advertisements, write the Co-operative Bureau or this Journal and we will endeavor to find out all that you want to know in regard to it in the shortest possible time, and at no expense to you. If this Journal had nothing more to offer than access to those things which you must need and use, it would have sufficient reason for existence, and more than that it assures you that the articles appearing in its advertising pages are as represented, and that the concerns are strictly reliable business concerns so that you need have no hesitation in regard to doing business with them.

Do not forget that patronage to those concerns which patronize your Journal will mean more advertising pages for the Journal and, consequently, less expense to the association.

### Questionable Advertising.

From the Indiana State Society Journal.

The Indiana Press Association might, with profit, follow the example of the Louisiana Press Association in going on record against questionable advertising, especially as it refers to "patent medicines" and to quackery. It takes a little moral stamina to adopt the right course when it means, on the face of it, a loss of money, but in the long run it pays, to say nothing of creating a feeling that the public is being served conscientiously. The "Tanlac" advertising campaign, now so conspicuous in Indiana, is an evidence of how susceptible newspaper proprietors are to the influence of money. It also shows to what lengths druggists will go in approving nostrums. However, while The Journal does not "live in a glass house," so far as advertising nostrums is concerned, and can, therefore, afford to "throw a few stones," yet we must admit that there are some medical journals (and we regret to admit that Indiana is the home of one or two of them) that are not one whit better than the newspapers in the matter of carrying nostrum advertising. These medical journals can just as well carry the advertising of "Tanlac" as to carry the advertising of a lot of other proprietary remedies that have been proved to be sold under fraudulent claims, and are not only advertised in certain medical journals, but in the lay press as well. We shall be interested in knowing whether the lay press beats the medical press in cleaning up its advertising pages. In reality the lay press deserves more credit, for lay papers are not in as favorable a position as the medical press to see the inconsistencies of the nostrum evil and the harm that it is doing.

### Did You Bite?

From the A. M. A. Jour. Feb. 19th.

Do you want five dollars? If so and if you are sufficiently prominent, the "patent medicine" interests will gladly send it to you. Possibly it will be for a mail-order diagnosis and treatment. For example: You may receive a letter from a lady in some outlying country town who says that she has heard of your skill in treating diseases peculiar to women. She has a daughter who is suffering from dysmenorrhea, menorrhagia or what not, and she is afraid that the girl will "go into consump-

tion." Enclosed please find a money order for five dollars. Will you not kindly send her a prescription (preferably in liquid form) for the purpose of helping her daughter's condition? Of course, diagnosing disease in and prescribing for patients one has never seen will hardly qualify as the scientific practice of medicine. But the "patent medicine" interests are apparently willing to part with all the five-dollar bills that are necessary in order to obtain these long-distance prescriptions and diagnoses. Possibly, however, a variant is tried. You may be called up by phone and a man will tell you that his wife is suffering from some ailment peculiar to her sex and desires to be operated on. What will you charge for the operation? You may mildly suggest that this question cannot intelligently be answered until you have seen the lady and gone into the case thoroughly. Then the gentleman at the other end of the wire will ask you whether it is not a fact that you charge according to the ability of the patient to pay rather than according to the seriousness of the operation. Or possibly the scheme may have yet another angle. If you are a rather well-known internist or a gynecologist of note an attempt may be made to get you to write a prescription containing, as at least one of the ingredients, *viburnum prunifolium*—a preparation not unknown to the "patent medicine" world. Many other changes are being rung for this is a time of stress with "patent medicine" fakers, and in order to defend their nefarious trade they are seeking to manufacture evidence of argumentum ad hominem type. Such evidence may be considered valuable in prosecuting libel suits against the medical profession.

### Proprietary Remedies, Good and Bad.

From the Critic and Guide.

Proprietary remedies of real therapeutic value have nothing to fear from any laws or ordinances which may be passed by the State Legislatures or Boards of Health. As to the other kind, the fraudulent ones, and those advertised to the laity for serious, dangerous diseases, the sooner they are driven out of existence the better. The New York Department of Health, for instance, recently secured the conviction of a manufacturer who put up a preparation called "Barton's Antidote," which consisted of common salt, sugar, vinegar, caramel coloring, oil of peppermint and some extract, probably of red pepper. The remedy was advertised as "a certain, speedy cure for scarlet fever, diphtheria and sore throat." Now, such a remedy should be driven out of existence. It is scoundrelism of the worst sort to advertise any remedy for diphtheria. There is no cure for diphtheria. Diphtheria must be treated by a competent physician and it is nothing short of criminal to advise the public to attempt to treat such diseases in their children as scarlet fever and diphtheria. And even to advertise a remedy for sore throat is bad, for how can the mother know whether the child has merely a sore throat or whether it is diphtheria? If it is diphtheria, then every hour's, every minute's delay is an additional risk and jeopardizes the chances of recovery. The advertising of any remedies to the public for acute, infectious



diseases should be prohibited, and we believe that any right thinking person should support and not antagonize the ordinance inaugurated by Dr. Goldwater.

### Cancer Does Not Return!

From the A. M. A. Journal.

The general impression that cancer is an absolutely hopeless disease and that surgery is a futile means of cure is often expressed by the not too well informed or the unfortunate. "What's the use? It always returns." In fact, it had long been believed, even by good surgeons, that a recurrence was, as the name implies, a return of the cancer after it had been completely removed. The present and more hopeful belief, and undoubtedly it is the correct one, is that the original malignant growth was not entirely removed. In other words, the recurrence is a definite and direct continuation of the original growth, of which at least a microscopic part was not removed. When the original growth is removed completely there is positively no danger of recurrence. In modern operations for cancer in order that the removal may be complete or that no tissue containing the dangerous microscopic cancer cells may remain, the organs or parts in which the growth is located are removed as widely as anatomical relations will allow. In the early stages cancer is a strictly local disease and the surrounding tissue only becomes involved as the disease progresses. If the growth is discovered and removed very soon after its inception the operation can hardly be classed even as "dangerous." If, through ignorance or fear, one procrastinates and does not permit operation until the growth has spread through the adjacent glands and tissue the uncertainty of getting out all the malignant cells is greatly increased. So it is very easy to see that in the early removal of cancer lies the hope of cure—and the earlier the removal, the stronger the hope.

## Editorials from the Lay Press.

### Mosquito Extermination.

From the Camden Daily Courier.

At the annual meeting of the New Jersey Mosquito Extermination Association in Atlantic City a few days ago, State Entomologist T. J. Headlee reported that of the nearly 300,000 acres of tidal marsh lands in the State 87,000 acres had been freed from mosquitoes at a cost of only \$250,000. Given \$700,000 more, the Professor declared the virulent New Jersey Mosquito could be driven out of the remainder, and that the result would be an increase in the value of the land so cleared of more than \$200,000,000. With such a result in prospective, the money would be well spent and the cost cheap, but Jersey-like the proposition may not be accepted because of the few years it would require to accomplish it and the continuing tax. The effort to exterminate the mosquito in Camden was making good progress, when just as preparations were made for more vigorous prosecution of the work the Freeholders refused to make the appropriation asked for although it was held to be mandatory. In several of the counties of the

State the work of extermination is being successfully carried on, and Atlantic County seems to be well satisfied to continue it in view of what has been accomplished. The present mandatory law for mosquito extermination should not be rejected until it is proved to be insufficient, but it should be enforced.

### Patent Medicines and Preparedness.

From an editorial in Collier's Weekly.

On page 31 of the "Commoner," William J. Bryan, editor and proprietor, we note some choice specimens of the old-style medical advertisements. One is of an "Eczema Specific" with the legend: "Will absolutely cure eczema, salt rheum, barber's itch, and other skin diseases. Sent by mail, \$1.50." A smug-sounding person, one J. W. Stokes of Mohawk, Fla., also breaks breezily into print with: Brother—Discovered root cures tobacco habit and indigestion. Gladly send particulars." These are offensive enough in themselves, and it doesn't help any that they are inserted in the Subscriber's Advertising Department, which is alleged to be for the benefit of "Commoner" subscribers and for which a special price of six cents per word per insertion—the lowest rate—has been set. Page 32 is given up to one of these "free" medical books, a "Guide to Autology" ("Well or Sick, You Need Autology," is the slogan), which is skillfully trumpeted to appear as a life saver from appendicitis and a relief for hardening of the arteries. The friends of William J. Bryan believe that he is both honest and sincere. We wonder what they think of his taking money to help persons who delude suffering people with blatant promises? Bryan's editorial-column views on preparedness and the country's need of it are pretty much off the same piece as his advertising-column views about health and how to get it. No facts, no expert knowledge or hard work, but big, windy promises, "absolute cures," newly discovered remedies. Sensible people have no more use for patent medicine in statecraft than in hygiene. Its power in both cases is to delude and harm by preventing wise action.

### State Hospital Fire.

From Newark Evening News, Feb. 3.

Good luck saved the insane in the State Hospital at Morris Plains Monday night from a disaster for which the people of New Jersey would have been directly responsible. Again and again warning has been given of the dangerous overcrowding there. Of all people those who are mentally incompetent are the last to be subjected to such peril. They are not competent to care for themselves, and under excitement it is almost impossible for their guardians to control them. The institution is housing hundreds more than is safe, sleeping them in corridors and inviting the kind of panic that, in case of a serious fire, might have appalling results. The facts of overcrowding are beyond challenge. It is God's mercy that no disaster has occurred. To those who are responsible for the State's wards, the cry of "Fire!" is a nightmare; yet to the Legislature and to the people it seems to mean nothing so far. In the Rathbun bill, which has been reported out of committee and passed its second reading in the Senate, there is an opportunity

for the lawmakers to make \$150,000 immediately available for this purpose. Will they seize their chance or must we be shocked by some frightful calamity into doing our duty by the unfortunates at Morris Plains?

## Therapeutic Notes.

### New Versus Old Drugs.

Some staid, respectable doctors tell us not to be constantly running after new drugs. It is good advice. It is good advice provided we bear in mind that a drug is not necessarily good because it is old, nor is a drug necessarily bad because it is new.

If all the old drugs were good, so many of them would not be kicked out with each revision of the Pharmacopeia. Just look over your drugs in the Pharmacopeia of fifty, forty, thirty or twenty years ago, and see how many of them have been dismissed from the last Pharmacopeia. It is not good to be over-sanguine in using new drugs which have not been given a fairly good trial by competent clinicians, but it is just as bad, if not worse, to be a hidebound conservative and stick to old drugs which have nothing in their favor but reputation of age but which have been proven by numerous pharmacologic and clinical trials to be worthless. Only the man with an open, unbiased mind can be a successful physician. But what a rare treasure an open unbiased mind is!—Exchange.

**Alkalies.**—A Dutch biological chemist says that alkalies do not diminish the formation of uric acid in the system, but rather aid it by diminishing the pepsin in the stomach and decreasing metabolism. He finds that hydrochloric acid aids in breaking down acid into urea, and thus reduces the amount of acid in the system.

### Arterio-sclerosis—Treatment of.

Gouget, in his recent monograph on this subject, points out that the various causes commonly ascribed to arterio-sclerosis (and their name is legion) including temperament, sex, heredity, menopause, age, cold, bad hygiene, overfeeding, toxemias, etc.,—may all be summarized under two main categories, namely, overexertion and injection, and the treatment therefore resolves itself into a very simple question of hygiene, with remedies of well understood action as an adjuvant.

Briefly, the victim of arterio-sclerosis must avoid excessive functioning of all kinds, especially that which tends to raise arterial pressure, and his metabolism must be reduced to a minimum consistent with reasonable strength. Alcohol, Gouget thinks, is absolutely contra-indicated, as increasing metabolism without any compensating gain in resistance. In the matter of medication he points out that the logical therapeutics are those which lessen arterial pressure and otherwise retard metabolism, of which the most efficacious is potassium iodide, which he orders in small doses, of 3 to 5 grains, to be taken in the midst of a meal. He holds large doses to be useless and even harmful, all of which agrees with our own estimate of potassium iodide published

elsewhere. If iodide of potassium is for any reason badly tolerated, he recommends the albuminoid iodine compounds, such as iodalbin, iodolose, etc.

Gouget speaks approvingly of Lauder Brunton's prescription for the direct lowering of arterial tension as follows:

Sodii Bicarb., gr. xxv.

Potass, Nitrite, gr. xx.

Sodii Nitrate, gr. v.

To make one powder. Dissolve in a half pint of water and take first thing in the morning.

High frequency currents, so frequently extolled of late, he sees no rational indications for, and thinks their efficiency exaggerated.—Critic and Guide.

**Boric acid** acts equally well in an acid and in alkaline urine, and is about the only drug that has any antiseptic action in alkaline urine.

So then: To destroy bacteria in urine with an acid reaction (test with litmus paper), use hexamethylenamine (urotropin) — about 10 grains dissolved in a glass of water 3 or 4 times a day. To destroy bacteria in urine which has an alkaline reaction, use boric acid; say, 15 grains 3-4 times a day. Or give acid sodium phosphate (the non-official monobasic salt) until the urine is rendered acid, and then give hexamethylenamine.

**Carbolic Acid Poisoning.**—The best antidote is alcohol, and begin to give enough and give it quickly, for carbolic acid is a very rapid poison. Another remedy is epsom salts, which may be given in case there is no alcohol at hand.—Medical Fortnightly.

**Calcium lactate** has been found by Dr. White to give excellent results in many varieties of skin diseases, including urticaria, erythema multiforme, pemphigo, and hyperhidrosis. He recommends the following formula:

Calcei lactatis, gr. clx.,

Tinct, capsici, m. viii,

Aq. chloroformi, 3xx.

Solve et misce. Sig.—Two tablespoonfuls in water before meals.—Journal of Cutaneous Diseases.

**Emetine in Pyorrhea Alveolaris.**—As a result of a series of experiments conducted by officers of the U. S. Public Health Service, it is asserted that emetine is an amebicide, but alone will not cure pyorrhea alveolaris, and that it is necessary to resort to the operative measure of scraping the roots of the affected teeth even though emetine is freely given.

**Hectine in the Treatment of Syphilis.**—Fench and Mills, Lancet, June 26, 1915, report a case of intractable syphilis which was not benefited by either mercury or salvarsan. It was a tertiary form of the disease and hectine, which is chemically sodium benzosulphoparaminophenyl arsenate, was given in 0.2 gram doses daily or on alternate days. Three courses of ten such doses each were given with favorable results, including healing of the lesions with marked and rapid gain in weight. Hectine was given by subcutaneous injections without local irritation or other discomfort.



**Hypothyroidism—Treatment of**—In treating hypothyroidism Scott makes it a rule to test carefully the blood pressure before and during treatment. He states that hypothyroidism is usually associated with hypertension, the blood pressure generally being about 160 mm. to 170 mm., and that the dosage of thyroid extract may be safely increased; but in the case of hypotension the thyroid extract is apt to take badly. For overcoming this disability he recommends the giving of suprarenal extract as well and the careful watching of the blood pressure. This should be kept as near 140 mm. as possible. To get this result he gives about 10 grains of suprarenal extract daily and about 5 grains of thyroid extract.—*The Practitioner*.

#### **Magnesium Chloride in Wound Treatment.**

Dr. Pinard states that he treats all wounds by application of an 18:1000 magnesium chloride solution. The wound is first irrigated with the solution and is then covered with a thin layer of sterile absorbent cotton wet with same. In case of profuse suppuration the dressings are changed twice a day for the first five days, then once a day.

#### **Membranous Enterocolitis — Charcoal in.**

Dr. Roidet, in the *Jour. de Medecine de Paris*, reports excellent results following the treatment of this usually intractable condition by means of large doses of poplar-wood charcoal. From two to four tablespoonfuls of the later are given daily, mixed with water and administered after the mid-day and evening meals. The efficacy of this remedy is said to be due to its power to absorb gases from the stomach and intestine, to its antiseptic effect, and to its action in stimulating the contractility of the stomach.

**Pituitary for "After Pains."**—The severe pains which not infrequently follow labor may be controlled by a single dose of 1 c.c. of pituitary liquid. They rarely follow labors in which this remedy has been given.

**Pneumonia.**—Dr. Widmer, in *Critic and Guide*, recommends the removal of pneumonia patients from the bed to an arm chair from from four to six hours each day. It is especially beneficial in patients with dyspnea and cardiac enfeeblement. Expectoration is facilitated, breathing becomes easier, and the pulse and temperature fall.

#### **Ringworm and Favus.**

Dr. J. E. Lane, in a paper in the *A. M. A. Journal*, recommends the following treatment of ringworm and favus:

(1) Shave scalp. (2) Remove crusts by soaking head in cotton-seed oil to which 1 per cent. betanaphthol has been added. (3) Wash with sulphur soap. (4) Depilation as fast as the hair grows for at least three months. (5) Antiseptic applications—tincture iodine,  $\frac{1}{2}$ , alcohol  $\frac{4}{5}$ . (6) Ointment then applied: Hydragryri precipitati flav', 1 part; sulphuris precipitati, 1 part; olei cadini, 10 parts; adipio lanæ, 10 parts; petrolati, 10 parts. (7) Use individual toilet articles. (8) Roentgen rays in obstinate cases.

#### **Treatment of Tonsillitis.**

Lapat deals with tonsillitis as a local infection in the first few hours, and uses applications to destroy the bacilli and their toxins. He has found hydrogen peroxide and a solution of iodine, 15 per cent., the best for the purpose. He removes the exudation from the tonsils by swabbing with hydrogen peroxide and then on another swab applies iodine to the crypts. These applications are made twice a way, care being taken that no iodine runs down into the pharynx. The throat is sprayed every 2 hours with the following solution:

Ichthyolis, 3ii.

Olei Anisi, Miii.

Aquæ, ad 3ii.

"To be used as a spray every two hours."

**Sweating of the Armpits.**—Bathe with weak vinegar and apply the following dusting powder on a gauze pad:

Salicylic acid, grs. xx.

Starch, 3ij.

Powdered alum, ad. 3iss.

For internal treatment gixe precipitated sulphur in dram doses once a day in milk.

**Substitute for Mustard Plaster.**—The following is immediate in its action and gives quick relief where counter-irritation is indicated. Mix chloroform, camphor and sweet oil, one ounce of each. Fold a piece of muslin three or four times, saturate it with the mixture, apply and cover with dry warm flannel. It will blister in three minutes.—*The Nurse*.

**Thyroid in Psoriasis.**—Thyroid extract may give quite remarkable results in psoriasis. It must be administered cautiously in doses of one grain, or less, twice a day for some time.

**Albumin Tests.**—Flesch *Wien. Med. Wochenschr.* Most of the errors, inherent in the various tests for urinary albumin, may be avoided by the following procedure:

To 5 c.cm urine add 2 c.cm. 5 per cent. sodium chloride solution and boil. Add 5 drops of 25 per cent. nitric acid or 1 drop 25 per cent. acetic acid. If the precipitate redissolves, it was due to phosphates; if it dissolves only after cooling, it was due to urates; if it persists, it was due to albumin.

**The Use of Pilocarpin**—Dr. R. J. Smith, of Bancroft, Idaho, in a paper in *Northwest Medicine*, says: Pilocarpin is useful in jaundice to relieve itching. Here the dose is small and continued at intervals to effect. As a diaphoretic it is unequalled. In acute pulmonary diseases, due to cold, a full dose will often break the attack. In acute rheumatism, also, the attack may be jugulated by a full hypodermic dose of gr. 1-12 to 1-6. It relieves the acute pain and the swelling very promptly. It is a valuable remedy in eclampsia, to produce free elimination, administering veratrin to reduce the pulse. Also in uremia, for pilocarpin not only increases the water of the urine but also the urea, and urea is thrown off in quantity through the skin. It is a positive remedy for all muscular pains. Lumbar myositis, lumbago, is often relieved by a full dose when

other remedies fail. Pleurodynia and torticollis are benefited, as are severe abdominal pains of a colicky nature. It will jugulate an attack of parotitis. Hiccough is frequently stopped by a timely dose. Pleurisy is rapidly relieved by pilocarpin, in conjunction with bryonin.

In the eruptive fevers, with slowness of development of the eruption, pilocarpin is indicated. It is a specific in erysipelas of the sthenic type. It is one of the best means for breaking the chill of malaria. Asthma, pertussis, edema of the glottis, mania, dryness of the mouth from any cause, are all very successfully treated by pilocarpin. In eye, ear, nose and throat diseases it has an important place. In serous iritis, plastic and traumatic iritis, in rheumatic iritis, it absorbs the exudate rapidly and relieves the patient of his discomfort. In traumatism of the eye, with effusion of blood into the aqueous or vitreous, in retinal hemorrhages and separation of the retina, it has seemed to be of use, causing absorption of the blood. It is often useful in tonsillitis in the early stages. In atrophic rhinitis and laryngitis it relieves. It removes serous effusions and is indicated when there is dryness of the tissues or atrophy of mucous structures. Pilocarpin is antagonistic to atropin and, if too profuse action of the former occurs, atropin will counteract that effect. It is contraindicated in weak heart or depression.

## Hospitals.

### Paterson General Hospital.

The authorities of this hospital have organized several teams for a two weeks' campaign to raise \$20,000 to wipe out the present indebtedness.

### St. Vincent's Hospital, Montclair.

A campaign to raise \$150,000 for a new building for St. Vincent's Nursery and Baby's Hospital in Montclair is contemplated. The present building is inadequate to meet pressing demands. A new building on property owned by the hospital is proposed to be built of brick or stone, three stories in height.

### Temple Hill Hospital, Chefoo, China.

We have received from our friend, Rev. Dr. Hunter Corbett, one of the oldest and ablest missionaries abroad, a volume in which is given an account of this hospital and the work of Drs. O. F. Hills and R. W. Dunlap, from which we take the following figures.—Editor:

Statistics from July 1, 1914, to June, 1915:  
Admitted, males, 143; females, 48.

Discharged: Males, 120; females, 44.

Died: Males, 6; female, 1.

Operations: Under general anesthetic, 131; local anesthetic, 34; no anesthetic, 2; total, 167.

Laboratory examinations, 53; hospital days, 4,110; dressings, 2,130.

Refraction with mydriatic, 38; without mydriatic, 23.

Out-patients, new: Male, 1,543; female, 386.  
Old: Male, 3,676; female, 997. Students, 2,056.

Cost: 85 to 90 cents, gold, per bed per day.

### The Aseptic Operating Room.

H. G. Richter, an architect, is reported in the Bulletin de l'Academie de Med. Paris, to have designed an operating room which can be kept aseptic. It is to be ventilated exclusively with sterilized air. The spectators stay in an adjoining room with glass front which is only 2.5 meters from the operating table. The surgeon's words are transmitted by a telephone and megaphone to the spectators. There is a protecting zone around the operating room; in this the sterilizing service is installed. This in turn is protected by an outer zone which contains the anesthetic room and the surgeons and nurses' toilets. The doors when closed present an absolutely smooth surface continuous with the inner wall.

### Solving the Hospital Question.

From an Editorial in the Illinois Med. Jour.

At the present time there is in Chicago a large hospital owned and controlled by doctors. A stock company was formed and all of the stock sold to physicians. It has been necessary to enlarge this hospital to accommodate the patients of other doctors. The work of the physicians in this institution compares with that of the richly endowed hospitals. It has been successful financially, and not the least feature has been the amicable relations of the physicians who bring their patients to this institution. Another feature of greatest value in this arrangement is the facilities for team work among the doctors, while they may at the same time keep control over their patients.

There is now a company of doctors forming to build a large hospital in another part of the city. This hospital will be a stock company, and doctors in general practice will own the hospital and control its policies. Doctors, generally speaking, would rather not bother about the administration of hospitals, but they are being compelled to do so as a matter of self-preservation, and the sooner others do so, the sooner will the hospital question be solved.

**Standard Diets for Hospitals.**—An experiment by the health department of New York City in establishing standard dietary methods in its hospital service has proved successful. A standard menu, basic dietary table and rules and regulations for the guidance of employees in kitchens and dining rooms was prepared by a committee appointed for the purpose. The new methods were introduced in January, 1915, and have given complete satisfaction both with regard to the quality of food and the economy of the proposition. A saving of \$10,000 in nine months in the contagious disease hospitals alone has been effected. This amounts to a reduction of  $3\frac{2}{3}$  cents on the average per capita food cost. The saving has been accomplished by reducing the amount of high-priced food (meat) and substituting other foodstuffs equally nutritious and agreeable; by eliminating waste in the preparation of food through the use of standard menus, giving the employees the kind of food they want thus reducing plate waste.



## Personal Notes.

Dr. Henry Allers, Harrison, has been appointed by the Governor and confirmed as a member of the Board on Disabled Soldiers' Home.

Dr. William A. Clark, Trenton, has been appointed a manager of the Epileptic Village at Skillman.

Dr. Wells P. Eagleton, Newark, has been appointed by Governor and confirmed as a member of the State Commission for the Blind.

Dr. Theodore W. Corwin, Newark, has been appointed as one of the managers of the State Tuberculosis Sanatorium at Glen Gardner.

Dr. Frank M. Donohue, New Brunswick, has been reappointed a manager of the State Home for Boys, Jamesburg, and confirmed.

Drs. James J. McGuire, C. A. Groves, W. P. Watson and D. W. Granberry, have been appointed and confirmed as members of the Medical Examining Board.

Dr. Theophilus W. Madden, Collinswood, had a severe injury of the knee by a fall on the icy pavement last month, but has recovered its use.

Dr. Samuel F. Ashcraft, Mullica Hill, was recently elected a director in the Salem County Trust Company and in the Swedesboro National Bank.

Dr. George N. Best, Rosemont, and wife, were called to Annandale last month to attend the funeral of the doctor's brother.

Dr. Charles S. Heritage, Glassboro, has been elected a director in the Glassboro National Bank.

Dr. Nathaniel S. Hires, Salem, has been elected a director in the Salem County Trust Co.

Dr. Eugene Z. Hillegass, Mantua, has been elected president of the Mantua Protective Association.

Dr. William S. MacLaren, Princeton, was elected last month a member of the house committee of the Nassau Club.

Dr. Charles S. Pancoast, Camden, who has been in charge of a 4,000 bed hospital at Munkacs, Hungary, has been placed in charge of the surgical department of a large war hospital in Sofia by the Bulgarian War Department.

Dr. Horace D. Bellis, Trenton, spent two weeks recently at Atlantic City.

Dr. Henry A. Cotton, Trenton, has a paper in the American Journal of Insanity on the "Treatment of Paresis and Tabes Dorsalis by Salvarsanized Serum."

Dr. Wells P. Eagleton, Newark, and wife spent a few days last month in Boston and the White Mountains.

Dr. F. P. Lefferts, Belvidere, was elected last month a director and secretary of the Warren Wood Working Company.

Dr. Daniel L. McCormick, Newark, was recently reappointed chairman of the sanitation committee; Dr. C. Fred Webner, chairman of the hospital and training school committee; Dr. Theodor Teimer, chairman of the tuberculosis committee, and Dr. Elmer G. Wherry, chairman of the child hygiene committee of the Newark Board of Health.

Dr. Cuthbert Wigg, Boonton, and wife, have been spending a few weeks in Florida.

Dr. Frederick S. Bootay, Belleville, has been appointed a member of the Board of Health.

Dr. Hugh F. Cook, Newark, and wife, have returned from a two weeks' sojourn in Wilmington and Southern Pines.

Dr. Robert M. Curtis, Paterson, was operated on at St. Joseph's Hospital by Dr. Peck, of New York, last month for abscess of the liver. Late reports lead us to hope for a speedy recovery.

Dr. C. R. P. Fisher, Bound Brook, recently returned from a two weeks' sojourn in North Carolina.

Dr. George E. Galloway, Rahway, and wife, are spending a few days at St. Petersburg, Florida.

Dr. F. Irwin Krauss, Chatham, will address the Parent-Teachers' Association March 7 on "Better Babies."

Drs. William Neer, B. H. Rogers and J. S. Yates, Paterson, joined in the protest at Trenton, February 14, against a separate board of examiners for the osteopaths.

Dr. M. W. O'Gorman, Jersey City, recently addressed the City Betterment Club.

Dr. Henry A. Cotton, Trenton, and wife, are spending a few weeks at Camden, South Carolina.

Dr. Martin W. Reddan, Trenton, addressed the Rotary Club on February 24 on "There is Hope—Cures Positively Guaranteed."

Dr. Paul Rausenbach, Paterson, is convalescing from an attack of typhoid fever.

Dr. George E. Tuers, Paterson, has recovered from an attack of diphtheria recently.

Drs. David F. Weeks and D. F. Renner, Skillman, report in the A. M. A. of February 26, a case of Raynaud's Disease associated with Epilepsy.

Dr. Harry D. Williams, Trenton, and wife, spent several days at Atlantic City last month.

## MEDICAL EXAMINING BOARDS' REPORTS

	Exam.	Passed.	Failed.
Arizona, October ..	10	4	6
Arkansas, Nov ....	14	10	4
Connecticut, Nov...	29	21	8
Delaware, Dec. ....	6	6	0
Florida, Nov.* ....	4	4	0
Iowa, October .....	17	16	1
Kentucky, Dec. ....	13	9	4
Mississippi, October	44	38	6
New York, M'y-J'ne	474	387	87

### \*Homeopathic Examining Board.

The California Examining Board, between June 22 and September 17, 1915, licensed 46 through reciprocity. The Connecticut Electric Board licensed 2 through reciprocity November 9, 1915.

## Medical Education in America.

At the meeting of the A. M. A. Council on Medical Education in Chicago, February 7th, Dr. Arthur D. Bevan, of Chicago, said:

The points which I wish to emphasize are: 1. We now have as a standard of medical education a seven year course of study, as high a standard as adopted by any country in the world. 2. To-day an undergraduate can obtain a better undergraduate training in medicine in the United States than in England, Germany, France or Austria. 3. Steps are be-

ing taken to make the hospital intern year a legal requirement to practice medicine. 4. In each medical center, with two or more medical schools, these should be brought together in a single co-operative scheme of medical education. 5. In the evolution of medical education in this country, the medical profession has done more to place itself on an efficient basis than any other profession or field of effort. 6. We are now confronted with the problem of placing the profession on a basis of efficiency and preparedness not only for peace but also for war. Steps are being initiated at this meeting to accomplish this.

#### National Board of Medical Examiners.

At the joint session of the Council on Medical Examination and the Federation of State Medical Boards in Chicago last month, Dr. William L. Rodman, Philadelphia, presented a paper on "Reasons for a National Board." He said every one will admit the impossibility of having a uniform standard where there are fifty States, some of these States having multiple boards. It is to protect men who, on account of ill health or sickness in their family, or for some other reason, wish to change their location that the national board provides them with a certificate which they can file away, and we hope in time will be accepted in many or all of the States of the Union. We cannot have a compulsory national board since the police powers are with the State, but a voluntary board is certainly feasible and can have general acceptance. It only requires reasonable concessions from the existing agencies. A national board, to deserve and secure general acceptance, must maintain a higher standard than a board whose examinations can legally be made compulsory. The law contemplates and enforces only ordinary or average standards, so that this voluntary board should be placed on a much higher standard. A man does not have to take the examination of this board if he does not want to, and therefore the standard can be and should be made higher than if it were a compulsory board.

In the discussion which followed Dr. C. St. Clair Drake, of Springfield, Ill., said: There can be no controversy as to the advantages which would accrue to the members of the medical profession if there could be devised some plan whereby one medical licensure would permit practice in any and all parts of the United States. The continued efforts to establish and extend interstate reciprocity in medical licensure bears evidence of a firm and growing acceptance of the value and justice of such an arrangement.

Legal obstacles, however, such as have always stood in the way of Nation-wide licensure by the federal government, remain in Illinois, as well as in other States as barriers to participation in the plan of the national board.

Under the Illinois law, the State board of health is charged with certain specific duties relative to the examination and licensure of physicians, and it has been repeatedly held that a duty and authority so imposed cannot be delegated to extra-governmental organizations. Certainly under the existing Illinois law, the State board of health could not turn over its examining and licensing function to the National Board of Medical Examiners, nor could the

State board of health accept the certificate of the national board in lieu of examination as subscribed by law.

### Public Health Items.

They ain't been no vacuum cleaner invented that can make politicks sanitary.

Defective sanitation means defective civilization.

A day in the park may save weeks in the hospital.

Where the sun does not go, the doctor does. (An old Italian proverb.)

The pneumonia season is at hand. To escape it, don't hibernate—ventilate. And don't dissipate.

Chew your food until you can taste it. Thorough mastication is both a pleasing and important part of right eating.

Hygiene is Humanity's Hope. Hygiene aims to make growth more perfect; life more vigorous; decay less rapid; death more remote.—Illinois Med. Jour.

"He who helps a child helps humanity with a distinctness, with an immediateness, which no other help given to human creatures in any stage of their human life can possibly give again."—Phillips Brooks.

**Hygiene of Life**—To teach the people how to live is a problem of increasing importance to those who are working for the public health.—E. L. Fisk, Am. Jour. Pub. Health.

**Immunity Against Tuberculosis Through Drinking Milk.**—Moss in experiments on cows concludes that a relative degree of immunity against tuberculosis may be conferred upon calves by feeding the milk of vaccinated cows. "Further experiments are necessary to determine if human beings may be similarly influenced."—Johns Hopkins Hospital Bulletin ...

**Low Grade Infection and Hygiene.**—To guide individuals so that they may be not only protected from the incidence of insidious, low grade infection, but also rendered resistant to micro-organisms which, in nature of things, must inevitably gain entrance to their bodies, requires a close study of the new science of personal hygiene and a painstaking effort to apply its principles.—Eugene Lyman Fisk, M. D.

**The Gospel of Systematic Living.**—Our public health departments, medical schools, laboratories of research, our scrutiny of industry, safeguarding of schools are contributing each in its field the vast array of facts, on which will ultimately be founded an intelligent structure of systematic living. Beyond any question, however, interpretation of this gospel must finally rest in the medical profession. Interpretation, however, is the first word in



progress. The last word is co-operation of the public, induced by every available activity in education—H. B. Favill, Penn. Med. Jour.

**Prophylaxis of Scarlet Fever.**—Dr. Chante-messe, in *The Lancet*, says he has obtained excellent results with the prophylactic measures recommended by Milne. The throats of scarlet fever patients are painted with 10 per cent. carbolized oil at three-hour intervals day and night for the first 48 hours, and then twice a day for a further week. For children the strength of the oil is reduced. Daily frictions of the whole body with eucalyptus oil are used in addition. These measures have proved efficacious in preventing the spread of the disease.

#### Practical Child Welfare Work.

**Fresh Air Home.**—The Fresh Air Home at Dumont, N. J., which was opened on June 1, 1915, for the purpose of furnishing summer vacations to the children of tuberculous families living in crowded tenement districts in New York, reports that during the summer seventy-four children, ranging in age from five to fourteen years, were cared for. Both girls and boys were taken, and all showed a marked increase in weight and an improvement in general condition as the result of living under proper hygienic conditions. The home is conducted as an adjunct of the social service work of the Yorkville Tuberculosis Clinic.

**Children's Homes.**—The Department of Health has recently completed a survey of homes for children located in New York City, including a careful inspection of the plumbing, heating, lighting, and ventilation of the institution, the cleanliness of the premises and of the inmates, the diet and methods of cooking, the character of the clothing, and the care of the sick. Within the five boroughs of the city there are eighty-four institutions of this class, all of which were inspected, with the result that 1,443 recommendations were made by the Bureau of Child Hygiene, and of these 654 were promptly complied with. The other recommendations were largely of a structural nature, so that time was necessary before they could be entirely satisfied. Of the children themselves, 56 per cent. showed some physical defects; the treatment of these during the past year was, however, very satisfactory, more than two-thirds of the conditions being entirely remedied, and only 5 per cent. remaining untreated. In the opinion of the officials of the Department of Health the conditions disclosed by the survey were most satisfactory, the institutions all showing great willingness to comply with the recommendations made.

**Legal and Social Uses of Birth Registration.**—The registration of a child's birth forms a legal record that is frequently useful and may be of the greatest importance. It establishes the date of birth and the child's parentage. It may be required to establish the child's age for attendance at public schools, or for permission to work in States where restrictions are placed on child labor; to show in courts of law whether a girl has reached the age of consent,

or whether individuals have attained the age when they may marry without the parent's permission; to establish age in connection with the granting of pensions, military and jury duty, and voting. It may be important in connection with the bequeathing and inheritance of property or to furnish acceptable evidence of genealogy, and, in fact may be important and useful in possible events too numerous to mention.—J. W. Trask, Public Health Reports, January 14, 1916.

#### The Worth of An Efficient Health Officer.—

Dr. Samuel G. Dixon, whose reappointment as Commissioner of Health, completed ten years of service in this office, represents the type of health officer who is "more than armies to the common weal." \* \* \* Four thousand deaths and forty thousand illnesses from typhoid fever was the annual toll exacted from Pennsylvania's citizens ten years ago. To-day this has been decreased more than 75% and although in the meantime the population of the State has increased more than a million, the number of deaths from this cause is only one-fourth the former figure.

During the past year the death rate of 13.9 per thousand inhabitants, was the lowest in the history of the State. More than seventy-eight thousand people are alive in Pennsylvania to-day, who would have died had the death rate of 1906 continued. Of these 78,916 lives, 40,528 have been saved by the reduction of four principal diseases: Typhoid fever, 18,865; tuberculosis, 11,924; diphtheria, 4,648; whooping cough, 4,091.

Since its establishment the Pennsylvania department has served as a model for numerous other States that have desired to profit by the methods which have been inaugurated.—Delaware State Med. Jour.

#### DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY.

##### From the February Report.

**Mortality Report for December.**—There were 3,725 deaths tabulated; 494 of children under one year; 251 deaths over one and under five years, and 1,357 deaths of persons aged sixty years and over.

Distribution of deaths by causes—the averages for previous 12 months are given in parenthesis:

Typhoid fever, 16 (16); measles, 26 (15); scarlet fever, 6 (8); whooping cough, 29 (20); diphtheria, 56 (44); malarial fever, 0 (1); tuberculosis of lungs, 346 (315); tuberculosis of other organs, 32 (48); cancer, 200 (189); diseases of nervous system, 327 (294); diseases of circulatory system, 581 (497); diseases of respiratory system (pneumonia and tuberculosis excepted), 268 (200); pneumonia, 451 (238); infantile diarrhea, 65 (185); diseases of digestive system (infantile diarrhea excepted), 180 (193); Fright's disease, 344 (281); suicide, 32 (42); all other diseases or causes of death, 730 (677); total, 3,689 (3,245).

##### Morbidity Report for December.

Tabulations show a total of 2,624 cases of communicable diseases during the month of which were: 91 of typhoid fever, 736 of diphtheria, 431 of scarlet fever and 781 of tuberculosis.

In the Laboratory of Hygiene, 416 samples of Food and Drugs were analyzed of which 35 were below standard, 16 of which were milk samples and 11 of tincture of iodine.

## Medico-Legal Items.

**Professional Secrecy Need Not Extend Beyond Death**—According to a German exchange, a Berlin court recently decreed that a physician should give his testimony as to the mental soundness of a patient whose will was being contested on the grounds that the man had been mentally incapable. The physician declined to testify, but the court enjoined him to speak freely, saying that the death of his patient had released him from the obligation for professional secrecy as long as the matter was not one that concerned his former patient's good name or reputation.

### State Board of Health Not Authorized to Employ an Attorney

The Supreme Court of Illinois says, in this suit to restrain the payment out of the State treasury of certain appropriations made by the general assembly, that the statute gives the State Board of Health no power or authority to employ an attorney, but on the contrary, by Section 7 of Chapter 126a (Hurd's Statutes of 1913, page 2288), it is provided that in all prosecutions and proceedings instituted by the State Board of Health it shall be the duty of the state's attorney in each county to prosecute. —(Fergus et al. vs. Russell, State Treasurer, et al. (Ill.), 110 N. E. R. 130.)

### X-Ray Photographs—Hypothetical Questions.

In an action for personal injuries, it was held error to permit doctors, over objection, to testify what an X-ray photograph of the plaintiff's person showed without producing the photograph, for the reason that the photograph was the best evidence.

A hypothetical question, which began: "Assuming that a man whose present condition is as you disclose the condition of plaintiff to be," was held improper, for the reason that the question should have in it all the facts on which the answer is based.—Hammond v. Bloomington Canning Co., 190 Ill. App. 511.

**Accident Insurance—Cause of Death, Accident or Disease.**—In an action on an accident policy the plaintiff claimed that the insured's death was caused by a strain while attempting to lift a heavy stove. Two days afterward he was treated for pleurisy and three months afterward he died, the first physician who treated him testifying that death was due to Bright's disease, and a physician who was subsequently called in testifying that he found valvular heart trouble. It was held that death was due to causes other than an accident. If a diseased condition was caused by an accident, or existed prior to the accident and had no causal connection with the injury or death resulting from the accident, the accident is to be considered as the sole cause; but if the disease in question existed at the time of the accident and co-operated with the accident to cause a severe injury leading to death, then the acci-

dent cannot be regarded as the sole cause of death.—Robinson vs. United States Health & Accident Ins. Co., 192 Ill. App. 475.

### Exemption of Charitable Hospital from Taxation.

Under section 170 of the Kentucky Constitution, exempting institutions of purely public charity from taxation, a hospital incorporated by trustees as a charitable corporation having no capital stock and holding property for the maintenance of a hospital for the treatment of sick and disabled persons and for medical and surgical treatment and the maintenance of poor persons not able to provide it for themselves, maintained without pecuniary profit, and having funds invested the income of which was used solely in meeting the necessary expenses, was an "institution of purely public charity," whose invested fund was exempt from taxation.—Mason County v. Hayswood Hospital, Kentucky Court of Appeals, 179 S. W. 1050.

### Incompetent Testimony of Physician in Inquisition of Lunacy.

The Supreme Court of New York, Appellate Division, Third Department, in reversing an order affirming the findings of an inquisition of lunacy and granting a new hearing, says that it was to permit the defendant's personal physician to testify as to the competency of the patient. Clearly it was indelicate for a physician in attendance on a patient to permit himself to be hired by another and go and make an examination of the patient for the purpose of testifying against him. In the judgment of the court it was not only indelicate, but in violation of the privilege given to the patient under Section 834 of the New York Code of Civil Procedure. It was also error to permit a physician, in forming his opinion as to the competency of the alleged incompetent, to base it in part on his understanding and recollection of the evidence given by the petitioner's witnesses in court. If the petitioner wished to avail himself of anything brought out by the examination, the alleged fact should have been incorporated in a hypothetical question. The physician, by the question put to him, was called on to form a conclusion as to what the evidence had established. (In re Gates (N. Y.), 154 N. Y. Supp. 782).

## Books Received.

*All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.*

**Bone Graft Surgery.** By Fred H. Albee, A. B., M.D., F.A.C.S. Published by W. B. Saunders Company, Philadelphia. It contains 332 fine illustrations.

The surgical world will welcome the new work on "Bone Graft Surgery," from the pen of one most able to write on that subject, Prof. Fred H. Albee. This work of over 400 pages is divided into eight chapters. Chapter 1—"The Fundamental Principles Underlying the Use of the Bone Graft in Surgery." In this



chapter the author speaks of Grohe and Murfurgo, "the former having demonstrated that transplanted periosteum is capable of preservation for 100 hours and yet able to be implanted and exert its osteogenetic powers. The latter (Murfurgo) has shown the periosteum of a course kept at 15° can produce new bone when transplanted after 168 hours."

In this chapter we think the author gives a hint as to why some of our bone grafts fail to unite when he says "As important as the properties of the transplant are the qualities of the 'wound soil' which serves the function of supplying as quickly as possible nutrition to the graft. The first step in the establishment of the lymph flow and the circulation is the early adhesions between wound edges and the transplant. The more quickly and surely this takes place, the more promptly is nourishment assured. Should the cells of the wound be injured because of antiseptic applications, or should they be normal because of the presence of scars or haematomata, or the seat of previous disease, as tuberculosis, necessary nutrition will be delayed." The author declares after extensive experimental investigations that a live piece of autogenous bone is the best transplant. He deprecates trying to transplant animal bone into the human subject, and this view is undoubtedly correct.

Chapter 2 describes the author's armamentarium for bone work.

Chapter 3 is taken up with the consideration of Pott's Disease and the application of bone graft thereto. Chapter 4. In this chapter the author describes the Inlay Bone Graft in Fractures. The bone graft in these conditions has the advantage over the Lane's plates in the fact that it is an autogenous and not a foreign body. The author's methods of Inlay Bone Graft in Fractures of the Long Bones are unique and if the operations are skillfully performed in properly selected cases, they are sure to give satisfactory results. Chapter 5 describes the remodelling or ankylosing the hip joint according to the author's method, which includes grafting a human astragalus from another subject to form a head and neck of femur. Chapters 6, 7 and 8 describe other uses for the bone graft, all of which appear to be original with the author.

The text is very explicit, the details of each operation being sufficiently defined to be easily followed by the careful surgeon.

**Practical Medicine Series; General Medicine,** 1915. Volume 6. Edited by Billings & Salisbury. The Year Book Publishers, Chicago.

The above volume of this well known series covers in an adequate manner the year's more important contributions in infectious diseases and diseases of the gastro-intestinal tract. Although the review of the literature relating to gastric diseases is especially thorough and satisfactory, we fail to find any reference to Downes' and LeWald's important work on Rontgen ray findings in gastric lues and Neugebauer's studies demonstrating the rarity of hyperacidity in that condition. This book, however, can be recommended to those wishing a resume of the more recent work in this field.

C. V. R. Bumsted.

## Food for Thought.

It is better to wear out than to rust out.—Bishop Cumberland.

The successful fisherman, like the successful doctor, has gotta have patience.

It is said that the good die young. I am not sure of this, but I am quite sure that only the young die good. If the good do not die young, they will grow up to be as lonely as a moralist on the police force.

Sometimes cowardice, sometimes laziness, sometimes selfishness saves a man from being called irritable, combative and cantankerous. What a man doesn't do is not always a sign of what he is and isn't. We must know why he doesn't do it in order to reach a conclusion.

Many young men, laboriously climbing the ladder of fame, get knocked off by older men engaged in coming down. Sometimes a man who thinks he is on a treadmill is really on the ladder of fame and vice versa. Some who approach the summit don't stay there long. They can't stand the altitude.

Joy is a prize unbought and is freest, purest in its flow when it comes unsought. No getting into heaven, as a place, will compass it. You must carry it with you, else it is not there. You must have it in you, as the music of a well ordered soul, the fire of a holy purpose, the welling up out of the central depths of eternal springs that hide the waters there.

—Horace Bushnell.

All of us are anxious to make money, but we are learning to think more about the ways in which it is made, and to question whether the money is clean or not. Whatever may be said to the contrary by those persons whose greed has blinded their convictions, we are learning more and more that righteousness is desirable, that success is not merely money-making.

The co-operation everywhere evident in education, charity and uplift proves that among our best people right-living is more popular than it ever was. Our rich women are diligent in making their money do good. They are studying philanthropy; they are getting back of the problems of modern life. Sons and daughters of the aristocracy are drilling themselves in hard work so that they may become something more than parasites.

**Mental Laziness.** — "Mental laziness" is an easily acquired habit for the tired busy practitioner, and some stimulus is needed to arouse him from his intellectual hebetude; success in practice mitigates too often the pride in exact thought and his ambition may even reach the stage of "getting by" with his professional duties, and declining to become interested in the definite problems that may present themselves.—Everett A. Bates, M. D., Boston Med. and Surg. Jour.

Sitting down and whining never helps a bit: best way to get there is by keeping up your grit.—Louis E. Thayer .

## Facetious Items.

Bell—Betty is horribly afraid of microbes. Beulah—It's a wonder she lets any of the men kiss her.

"Oh, she's not as afraid as that."

Hicks—"Isn't Withington a long time getting well? They told me three weeks ago that he was convalescent."

Wicks—"I see you don't know what a pretty nurse Withington has."—Tit-Bits.

"Your wife has a muscular affection which renders her speechless. I can cure her, but it will take time."

"Take all the time you want, doc," responded the mean man.—Kansas City Journal.

Doctor (cuttingly)—Are you to be allowed to drink beer, eh? Didn't I tell you just a week ago to let the stuff alone? Patient—I know, doctor; but, you see, I thought there might have been some progress in medical science since.—New York Post.

Miss Naberly—How long were you in attendance on Mrs. Smith before she died?

Young M. D.—Fourteen months!

Miss Naberly—Dear me! The old lady must have had wonderful vitality!—Puck.

"Does your boy show any literary tastes?" asked the visitor on the farm.

"Well," answered the father, as he gazed down the road at his son driving home the lost pig, "he can pen a stray article now and then."

"Every occupation has its own peculiar disease."

"Then do rose growers have the pink eye, and carpenters, the shingles?"

An ambitious young medical man, in a recent conversation, announced that he was planning to specialize on the diseases of women, whereupon a cynical friend of his remarked, "Don't do it. Specialize on dogs. Any man with a pedigreed Boston bull pup will give up his coin to have it cured of the mange, but where, oh! where, will you find anybody who'll spend money to treat a sick wife? Good dogs are mighty scarce."

A garrulous attorney was arguing a technical case before a Judge in Illinois. He had rambled on in such a desultory way that it became very difficult to follow his train of thought, and the Judge yawned ominously once or twice.

Whereupon the long-winged lawyer, with a trace of sarcasm, said:

"I hope, your Honor, I am not unduly trespassing upon the time of the Court."

"My friend," observed the Judge, "there is a considerable difference between trespassing on time and encroaching on eternity."

"Now," said the nervous old lady to the druggist, "are you sure you have that medicine mixed right?"

"No, ma'am," said the conscientious apothecary. "I wouldn't go as far as that, but I've mixed it the way the doctor ordered it."—Chicago News.

**Turnabout.**—The doctor entered the patient's room in the morning, and, according to habit, read the chart first thing. He was a little surprised to read:

"2 A. M. Patient very restless, nurse sleeping quietly."—Collier's Weekly.

## BULLETIN No. 2

*Dear Doctor:—*

To a friend who mailed Mr. Kipling a package of magazines, after having torn out the advertising pages to save postage, Mr. Kipling wrote: "Next time send the advertising pages and keep the rest. I can write the stories myself."

Advertising has become a necessity to readers. The advertising sections of newspapers and magazines contribute an important part of the information readers demand. The enterprising publisher tries to edit his advertising, as well as his editorial and news pages, so that all the matter will conform to his standards.

Nearly everything you eat, wear, or use in your home or profession, is advertised. Try to name some articles you buy—such as pharmaceuticals, surgical instruments, underwear, hats, breakfast foods, auto supplies, toilet articles, furnaces, etc.—that are not advertised, and you will soon admit you are quite dependent on advertising; and that you buy, *chiefly*, the advertised goods.

In all these respects the State Medical Journal endeavors to render its readers a special service. We want to make the advertising pages of this Journal of special interest to you. To this end we ask you, when answering advertisements, to mention the fact you saw them in this paper. ***If what you want is not advertised in THE JOURNAL, please write the editor or sign and mail this coupon.***

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## HOW CAN WE DETECT SLIGHT ENLARGEMENT OF THE HEART.\*

BY GEORGE CHEEVER SHATTUCK, M. D.,  
Boston, Mass.

If we are to detect slight cardiac enlargement, by which I mean an increase of two or three centimetres in the transverse diameter of the heart, the first essential is an adequate standard of the normal.

It is generally agreed that the X-ray, when rightly used, is the most reliable means of measuring the heart. By its aid Moritz,<sup>1</sup> Dietlen,<sup>2</sup> Veith,<sup>7</sup> Groedel,<sup>8</sup> and Claytor and Merrill<sup>10</sup> have prepared tables of normal heart-size.

Moritz's work was soon followed by that of Dietlen, his assistant, who amplified it, and prepared new tables based on a larger number of cases. Veith's tables are for children only, and to discuss them here would be to exceed the scope of this paper. These three men worked with their patients in the horizontal position. Groedel subsequently prepared tables from patients sitting. The figures in all of these tables are based on orthodiagraphic tracings.

The patients of Dietlen and of Groedel were divided into four classes, namely, men, youths, women, and girls; and these classes were sub-divided into groups based on stature, the difference between each group and that succeeding it being five centimetres. Dietlen's tables show also the average weight and average age of the patients in each group.

All of the tables have been published in full by Albers-Schonberg;<sup>12</sup> and Groedel<sup>9</sup> published the tables of Veith and of Dietlen but omitted the weights and ages from the

latter. An average, a minimal, and a maximal figure is shown for every group in all tables.

A considerable number of heart-measurements are figured in the tables of Dietlen. Groedel tabulated only the four which seemed to him of special value, namely, the greatest distances from the median line to the right horizontally, a similar measurement to the left, the sum of these which is the transverse diameter, and the length, measured from the apex to the angle formed by the junction of the curve of the great vessels with that of the right border. These four measurements are designated respectively as "MR," "ML," "T," and "L" (Fig. 1.)

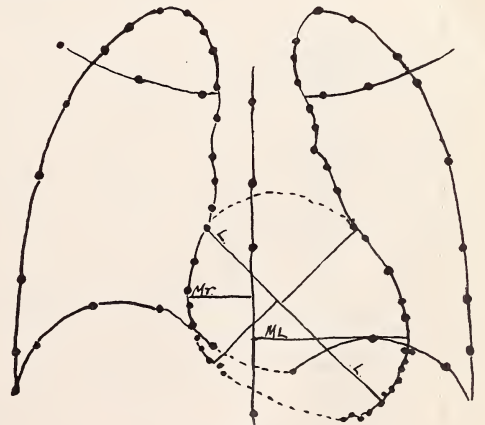


FIG. 1.

Orthodiagraph of the heart showing method of measures.

Dietlen: Verhand. d. Cong. f. inn. Med., Vol. 23, p. 268, 1906.

"MR"—width to right of median line.

"ML"—width to left of median line.

"L"—length.

"T"—"Mr." plus "M".

Groedel's figures are not strictly interchangeable with those of Dietlen as a standard of heart-size because Groedel examined his patients sitting and Dietlen's were hori-

\*From the Out-Patient and Roentgenological Department of the Massachusetts General Hospital, Boston. Read in part at the meeting of the Academy of Medicine of Northern New Jersey, November 17, 1915.

zontal, and it is known that the position of the heart varies with that of the body. Groedel's "MR" in the various classes averages about one centimetre larger, and "ML" about 0.5 centimetre smaller than Dietlen's (Fig. 2). Apparently, in patients sitting,

FIG. 2.

AVERAGES FOR GROUPS OF GROEDEL AND DIETLEN											
	MR.				ML.		T.		L.		
	G.	D.	G.	D.	G.	D.	G.	D.	G.	D.	
Men .....	4.6	4.3	8.4	8.9	13.0	13.2	14.0	14.2			
Youths ...	4.1	3.9	7.8	8.0	11.9	11.9	12.7	13.6			
Women ...	3.9	3.6	8.0	8.5	11.9	12.1	12.9	13.2			
Girls .....	3.7	3.5	7.2	7.8	10.9	11.3	12.1	12.8			
Av. of four groups ..	4.7	3.8	7.8	8.3	11.9	12.1	12.9	13.2			

the heart lies more to the right than when the patient is in the horizontal position.

Albers-Schonberg<sup>12</sup> quotes various authors who found that the heart-measurements in standing were smaller than in lying and attributed this to descent of the apex in standing. No careful comparison has been made of the position of the heart between sitting and standing so far as I know. As a rule, however, the differences between sitting and lying are not great, being, generally less than one centimetre. Drs. Walter J. Dodd and George W. Holmes, however, have found marked differences in the presence of visceral ptosis.

FIG. 4. ORTHODIAGRAPHIC MEASUREMENTS (GROEDEL),

For Men Sitting.						
	Height,		Mr.	ML	T.	L.
I.	145-154 cm.					
	Min. ....		*4.0	*8.0	*12.0	(Min.) *12.0
	Av. ....		†4.7	†8.4	†13.1	12.9
	Max. ....		‡5.2	‡9.2	‡14.4	†14.2
II.	155-164 cm.					
	Min. ....	(Min.)	*3.5	*7.4	*12.1	*13.0
	Av. ....		†4.5	†8.7	†13.0	13.9
	Max. ....		‡5.3	‡9.5	‡14.1	†15.0
III.	165-174 cm.					
	Min. ....		*3.7	(Min.) *7.2	(Min.) *11.4	(Min.) *12.0
	Av. ....		†4.5	†8.7	†13.2	14.0
	Max. ....	(Max.)	‡5.6	(Max.) ‡10.2	(Max.) ‡14.6	(Max.) ‡15.3
IV.	175-185 cm.					
	Min. ....		*4.0	*7.3	*12.0	*13.3
	Av. ....		†4.7	†8.5	†13.2	14.2
	Max. ....		‡5.4	‡9.0	‡13.6	†14.7
For Women Sitting.						
I.	145-154 cm.					
	Min. ....	(Min.)	*3.0	(Min.) 6.2	(Min.) 10.1	(Min.) 11.0
	Av. ....		†3.8	†8.0	†11.8	†13.0
	Max. ....		‡4.5	9.3	13.1	13.5
II.	155-164 cm.					
	Min. ....		*3.2	6.4	10.4	11.5
	Av. ....		†3.8	†8.0	†11.8	†13.0
	Max. ....	(Max.)	‡5.0	9.5	(Max.) *14.3	(Max.) *14.8
III.	165-174 cm.					
	Min. ....		*3.2	6.5	10.8	12.0
	Av. ....		†4.0	†8.1	†12.1	†13.2
	Max. ....		†4.5	(Max.) 9.8	*14.0	*14.5

\* † ‡ Note that most of the minimal and maximal figures are near the middle of the table. Compare figures with others similarly checked in the same column.

Claytor and Merrill's figures for the erect position are smaller than those of Dietlen or of Groedel (Fig. 3). The differences for

FIG. 3.

CLAYTOR AND MERRILL'S TABLE VII: MEN AND WOMEN.

	MR.		ML.		T.		L.	
	M.	W.	M.	W.	M.	W.	M.	W.
Dietlen ..	4.2	3.6	8.9	8.5	13.2	12.1	14.2	13.2
Groedel ..	4.6	3.9	8.4	8.0	13.0	11.9	14.0	12.9
C. and M.	4.0	3.4	8.1	7.8	12.1	11.1	13.7	12.5

"MR," for "ML" and for "L" are slight, but "T" for both men and women is about one centimetre smaller. The fact that Claytor and Merrill's tables are based upon weight groups instead of stature groups is no reason why the average figures should differ, and the difference seems most easily explained on the ground of the difference of position of their patients and consequently of shape and measurement of the hearts, which will be further discussed below.

Comparison of average transverse diameter, or "T" for adult men and women (Fig. 3), shows that men's hearts are one centimetre wider. The length, also, averages one centimeter greater in men.

Differences far greater than these are found when the maximal and minimal measurements of a single height-group are compared with each other. Sometimes the



average "MR" or "ML" for men of one height group is larger than that for the first, or even for the second, succeeding height-group as may be seen in Groedel's Table (Fig. 4) which is reproduced below. It shows that the maximal and minimal figures for "MR" in man differ by 2.1 centimetres, and those for "ML" by 3.0 centimetres, and those for "T" by 3.2 centimetres.

Further comparison shows that the maximal "MR" is in the second group and the maximal in the third. Both maximal and minimal figures for "ML" are in the third group and the same is true of "T." Clearly, then, the maximal and minimal figures for these groups do not increase progressively but very irregularly with the stature of the patient. Still more important is the fact that the *average measurements* in the four groups do not increase progressively. The average "MR" in the first group is the same as that in the fourth; and that in the second, which is smaller, equals that in the third. "ML" shows similar discrepancies, and the average figures for "T" in the four groups for men are almost exactly the same.

It seems, therefore, that the tables of Groedel are valuable for providing maximal, minimal, and average figures of normal heart-size, but that the relation of the figures to stature is not clearly apparent. Groedel's other tables are open to similar criticism, and so are the tables of Dietlen.

Groedel<sup>9</sup> himself criticized the tables on the ground that the material in hand was too small, and he seems to have attributed the discrepancies to this fact.

Dietlen's tables were based on the largest material, comprising 156 men, 31 youths, 58 women, and 17 girls.

It seems to me that Groedel<sup>9</sup> failed to emphasize the main fault of the tables, namely, that they should have been based *not on stature, but on weight*.

That weight is the greatest factor in determining heart-size was clearly shown by Dietlen<sup>2</sup> (Tables 6, 7, 8, and 9). In Tables 10 and 11 he showed that heart-size has no necessary relation to stature, and this is borne out by the discrepancies in Groedel's table mentioned above. Heart-size seems only to follow stature when the body weight is proportional to stature. (Fig. 5). Dietlen<sup>5</sup> gives further evidence of the importance of weight in determining heart-size by quoting the anatomical work of Thoma and Muller.<sup>†</sup> It seems strange that men who

recognized the preponderant effect of body-weight should have arranged their tables by stature-groups instead of by weight-groups. (Fig. 5).

FIG. 5.—FROM DIETLEN'S "TABLE 6."

Body-wght Kg.	No of Cases	Av. St't're	Av. Age	T.	L.
40-44	7	152	26	11.3	12.1
45-49	5	159	20	11.4	12.9
50-54	27	161	27	12.4	13.5
55-59	39	164	30	12.9	14.0
60-64	54	167	26	13.1	14.1
65-69	24	169	30	13.2	14.5
70-74	18	174	31	13.4	14.8
75-79	5	179	22	14.3	†15.5
80-84	5	185	25	14.4	†15.3

†Note the progressive and gradual increase of size, the only exception being the last two figures in the second column. The number of cases on which these last figures are based, however, is very small.

FIG. 6.

DIETLEN'S TABLE 15.

Ages	No. of Cases	Av. Wt.	Av. Size	Mr.	ML	T.	L.
15-19	31	54	162	3.9	8.0	11.0	13.6
20-29	33	62	168	4.3	8.6	12.9	14.2
30-39	17	64	169	4.2	8.7	12.9	14.2
40-49	12	61	167	3.9	8.9	12.8	14.1
50-59	13	62	167	4.1	9.1	13.2	14.4
60-69	7	59	167	4.4	9.0	13.4	14.4

Note that with slight difference of weight and of stature there is, on the whole, an increase of heart-size with advance in years, but that it is less pronounced after 40. The number of cases, however, is too small to allow of safe deductions.

Dietlen<sup>2</sup> raises an objection to weight which may be important, namely, that after the age of forty both weight and height diminish in some cases and that nevertheless the heart continues to increase in size. Fig. 6 indicates this, but the number of cases on which the table is based is too small to allow of safe deductions. If the heart-measurements do really increase after forty independently of weight, two factors, or either alone may be causative: first, loss of elasticity in the arteries; second, sinking of the right side of the heart, the apex remaining relatively high, so that the heart assumes a more horizontal position. Such a change of position is common in the elderly, and it increases the transverse diameter of the heart without changing its actual size, but there may be hypertrophy also, and, within limits, this may be considered physiological rather than pathological just as is the gradual increase of blood-pressure which goes with advancing years.

In summarizing the foregoing it may be said (1)<sup>i</sup> that heart-size is dependent first on body-weight, and second, apparently on age, and that stature *per se* is not import-

†Muller: Massenverhältnissen des Menschlichen Herzens, 1883.

ant; (2) that tables of heart-size based on stature are unsatisfactory.

The tables of Claytor and Merrill, (Fig. 7), are based on weight as they should be. Their table for men is divided into six groups. The first four groups ascend by ten pounds and the last two by twenty pounds. That for women ascends by ten pounds in six groups, and in the seventh by

fifteen pounds. The maximum weight for the women is one hundred seventy-five, and for the men, two hundred pounds. Unfortunately, the material of these tables comprises only thirty-seven men and fifty-four women. They show irregularities like those in Groedel's tables but less in degree. Dietlen's weight tables (Fig. 5) indicates that the irregularities of Claytor

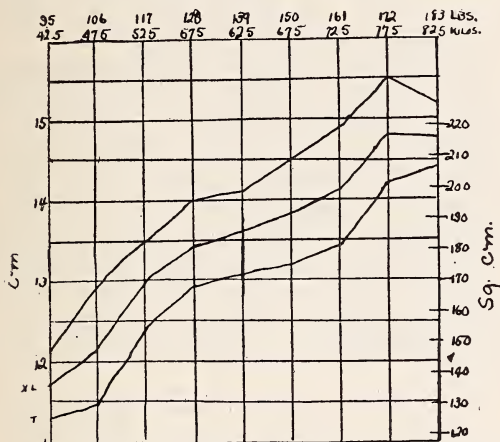
FIG. 7. CLAYTOR, MERRILL.: ORTHODIAGRAPHY.

Vertical Heart Orthodiagrams. Male (37 Cases.)								
Weight. Pounds.	Cases.	Mr.	Ml.	T.	L.			
120-129	3	(Min) 3.2	(Min.)   7.0	(Min.) 10.7	(Min.) 11.8			Min.
		3.7	7.2	10.9	12.6			Av.
		4.3	7.5	11.3	13.5			Max.
130-139	5	*3.5	7.5	11.0	12.0			Min.
		3.8	†8.0	11.8	13.2			Av.
		4.2	*8.5	12.5	14.0			Max.
140-149	9	*3.4	(Min.)   7.0	11.0	12.0			Min.
		†4.0	†7.7	11.9	13.4			Ave.
		4.6	*8.4	*13.1	14.5			Max.
150-159	8	(Min.) *3.2	7.8	11.5	12.5			Min.
		†3.9	†8.4	12.3	13.5			Av.
		4.5	*9.0	*13.0	15.0			Max.
160-179	6	3.7	8.0	12.0	14.0			Min.
		†4.0	†8.2	12.4	14.6			Av.
		(Max.)   4.8	*9.0	(Max.) *13.8	(Max.) *15.8			Max.
180-200	6	3.8	(Min.)   7.0	11.0	14.0			Min.
		4.2	8.7	12.9	14.7			Av.
		4.5	(Max.) 9.7	*13.4	*15.3			Max.
VERTICAL HEART ORTHODIAGRAMS, FEMALE (54 CASES.)								
100-109	2	3.2	6.7	9.9	12.0			Min.
		†3.3	6.8	10.2	†12.1			Av.
		*3.5	7.0	10.5	12.3			Max.
110-119	3	3.0	7.0	10.0	11.5			Min.
		†3.1	†7.6	10.7	†11.9			Av.
		*3.2	8.0	11.1	12.4			Max.
120-129	14	(Min.)   2.3	(Min.)   6.4	10.2	(Min.)   10.5			Min.
		†3.5	†7.5	11.0	12.0			Av.
		*4.2	8.6	*12.2	*13.8			Max.
130-139	19	3.0	6.4	(Min.)    9.6	11.2			Min.
		†3.4	7.8	†11.2	12.4			Av.
		*4.0	*8.8	*12.6	*13.3			Max.
140-149	5	2.6	7.0	10.0	12.2			Min.
		†3.5	†7.6	†11.1	†12.7			Av.
		*4.1	*8.3	*11.8	*13.2			Max.
150-159	7	3.1	7.6	10.9	12.3			Min.
		3.6	†8.0	11.6	†12.9			Av.
		(Max.) *4.8	(Max.) *9.3	(Max.) *12.8	(Max.) *14.2			Max.
160-175	4	3.5	6.5	10.6	11.8			Min.
		3.8	†7.9	11.7	†12.6			Av.
		3.8	8.5	12.3	13.0			Mean
		*4.1	*9.0	(Max.) *12.8	*13.2			Max.

\* † || Note the situation of the minimal and maximal figures, and compare figures with others similarly checked, in the same column.



and Merrill are to be attributed chiefly to insufficient material. Figures 2, 3 and 4 of Claytor and Merrill's paper show curves indicating the relation of increase of heart-size to body-weight (Fig. 8). For this pur-



We use Figures 1 and 8 by courtesy of the Boston Medical and Surgical Journal which publishes the paper.

FIG. 8

Claytor and Merrill's Fig. 4.

(Based on Dietlen's Table 6, see Fig. 5.)

pose they used curves of "L" and "T" and of the square area of the orthodiagram. They found that 70% of "T" x "L" gave a close approximation of the square area as obtained by careful measurement. The authors pointed out that there is a rapid increase of heart-size in men up to 128 pounds of body-weight, and after that the increase is more gradual. In the higher weights the increase is very slight. The increase in women was found to be less marked.

There are still other factors influencing heart-size or heart-measurements which should be mentioned.

Occupation may be important, but its effect probably follows weight in most cases because the well developed and muscular are heavy, and the sedentary are generally fat, whether they be men or women.

The phase of heart action, according to Groedel,<sup>9</sup> may cause a difference in extreme cases of 0.5 cm. for both borders. He estimates the normal change at about 1.8 cm., but thinks this figure still too high for most cases. It seems, therefore that the difference of measurement between systole and diastole is negligible as compared with other variations, and yet, to avoid doubt, orthodiagrams should be made in diastole, and it is probably better to use an exposure of not less than one second for teleoroentgenography than a shorter period (if plates sufficiently clear for meas-

urement can be so obtained), in order to show the heart outline in diastole.

Posture, already mentioned, seems to be relatively unimportant in its effect on heart-measurement except when there is marked visceral ptosis. It may be said in general that in standing, the heart apex rotates downward around the base as an axis. "MR" is generally about 1 cm. greater, and "ML" about 0.5 cm. smaller in the sitting than in the horizontal position, and the differences between standing and lying are probably similar.

The measurements of length, designed "L," is sometimes valuable because it is very little affected by such rotation. As a useful figure for heart-size "L" suffers, however, from the fact that the angle above mentioned may be ill-defined, and that the lowest part of the apex lies below the diaphragm and may be obscured by the shadow of the left lobe of the liver.

The shape of the heart, and consequently its size, is dependent, I believe, to a considerable degree on that of the chest, long narrow hearts being the rule in long narrow chests, and vice versa. The "small heart" in the paralytic thorax has been attributed to tuberculosis, but Wessler<sup>15</sup> pointed out that it was narrow rather than small, and was caused not by tuberculosis but by the narrow chest and low diaphragm.

The position of the diaphragm seems to be the greatest single factor influencing the position of the heart, and therefore, it has an important bearing on shape and measurement. The narrowest hearts are seen with low diaphragm and visceral ptosis, and wide normal hearts with high diaphragm, whether this be due to tight corsets, abdominal distension, or to other causes.

The usual position of the diaphragm in standing, except when temporarily displaced, has a fairly constant relation to the shape of the chest, it being lower in long chests and higher in broad chests. The shape of chest and position of diaphragm generally exert a combined influence on the shape and position of the heart, so that it is difficult to distinguish their efforts separately. Dr. G. W. Holmes recently showed me with the fluoroscope a patient whose heart appeared normal when lying down, but when standing the heart became pear-shaped through ptosis.

The variations of position of the heart between full inspiration and full expiration are important. With expiration the apex is carried upward by the diaphragm and at

the same time the right border moves outward a little so that there is a considerable increase in "ML" and a slight increase in "MR." With full inspiration the apex rotates downward and inward and the right border descends causing little change in "MR" but a marked decrease of "ML." During normal breathing the change of position of the heart is slight and the diaphragm moves about equally up and down. When there is marked visceral ptosis, however, the diaphragm *remains* nearly as low as in full inspiration. On the other hand it *ascends* much with full expiration, and displaces the heart correspondingly in this phase of respiration.

The relations of the chest-wall, diaphragm, and heart in elderly persons are complex. There is usually more or less visceral ptosis combined with descent of the diaphragm, but there is also sinking of the chest-wall so that the apex generally remains at the level of the fifth interspace. The descent of the diaphragm is more than offset by stretching of the supporting structures at the base of the heart, so that the right side descends, and instead of a long heart we find a broad heart, the result of rotation. It was mentioned above that the increase of blood-pressure, and arterial changes of old age tend to cause enlargement of the left ventricle, which may be considered physiological when slight, and which tends further to increase "ML."

Three normal types of heart-shape are commonly recognized: (1) the oblique; (2) the relatively perpendicular, and (3) the relatively horizontal. In the first type the heart is ovoid, in the second it is longer and narrower, and in the third it approaches the shape of a boot with heel to right and toe to left. Besides these there is a type associated with visceral ptosis, narrow chest, and low diaphragm. Its location is almost central, and it has been called by the Germans the "drop-shaped heart." It might better be described, I think, as pear-shaped.

The hearts of youths and girls are apt to be relatively oblique, and those of old persons relatively horizontal, or boot-shaped.

Although the heart in young girls is long and like that of young men in relation to the median line, that of grown women is broader, the apex is higher, and a larger proportion of the heart lies to the left of the median line. Dietlen<sup>2</sup> showed this difference and attributed it to the use of corsets, with resulting higher position of the diaphragm.

Dietlen's article<sup>2</sup> on the position of the

normal heart is classical and should be read by those who want detailed information. In a subsequent article he presents data on the influence of posture on blood-pressure and on heart-size.<sup>4</sup> Albers-Schonberg<sup>12</sup> and Groedel<sup>9</sup> review Dietlen's work and discuss that of others bearing on the shape, size, and position of the normal heart.

Among the foregoing facts the following require emphasis. First: the normal heart varies in shape and position. Second: the shape and position in the individual case are probably more dependent on the position of the diaphragm than on any other single factor. Third: the shape of the chest and position of the diaphragm require consideration in the individual case when there is a question about the existence of slight abnormality in size or shape of the heart.

For instance, a *broad* heart with a *low* diaphragm is probably enlarged if its measurements exceed the *average* for normal hearts, but when the diaphragm is unusually high, the transverse diameter of the normal heart may perhaps exceed the maximal tabulated normal figure, as a result of displacement.

When using measurements to determine the presence or absence of cardiac enlargement the weight of the patient, his age, and the position of the diaphragm at the time of examination require careful consideration. Increase of "MR" or of "ML" points to enlargement to right or left, when one is increased and the other decreased, "T" remaining normal, we may have to deal with displacement rather than enlargement. In such cases "L" is valuable as a check if it can be measured accurately.

There are other measurements which require brief mention. The breadth of the heart at right angles to the length, and its relation to length were advocated as standards by Otten,<sup>14</sup> and the surface area (measured by laying the orthodiagram over a sheet of paper ruled in square centimetres and counting the squares) by several observers who recognized the insufficiency of other methods. Groedel<sup>9</sup> objects to both on the ground that the position of the upper border near the base and of much of the lower border is often doubtful even when the orthodiagram is used. Teleoroentgenography would be still less satisfactory in such cases. Consequently, estimates of breadth or of surface area are of uncertain value.

Giegel<sup>13</sup> proposed a method of comparing surface area with body weight by means of



what he called the "reduced heart index." This he obtained by a mathematical formula and compared with a standard area per kilogram of body weight. He admitted that the method was open to objection but thought it the best available. His method seems of doubtful value.

When one considers the many factors influencing heart-size, and the inadequacy of existing tables it seems best for the present to compare heart-measurements with average normal figures for the sexes, and whenever the measurements differ much from the averages, to compare them with maximal or minimal standards, to note the position of the diaphragm, to observe the state of nutrition, and to consider the age of the patient if below twenty or above forty before reaching a conclusion. A table of normal standards from Dietlen, Groedel, and Claytor and Merrill is appended (Fig. 9).

FIG. 9.  
STANDARDS OF NORMAL HEART-SIZE IN  
CENTIMETRES.

Men—Standing.				
Author; Age; No. of Cases.	Mr.	ML.	T.	L.
Claytor and Merrill; 42 cases	Min. 3.0(3.2)	7.0	10.7	11.8
	Av. 4.0	8.1	12.1	13.7
	Max. 4.8	11.0(9.7)	14.0(13.8)	15.8
Men—Seated.				
Groedel	Min. 3.5	7.2	11.2	12.0
	Av. 4.6	8.4	13.	14.
	Max. 5.6	10.2	14.6	15.3
Men—Horizontal.				
Dietlen; 156 cases; age 20 or more	Min. 3.1	7.4	11.0	12.1
	Av. 4.3	8.9	13.2	14.2
	Max. 5.9	11.	15.3	15.9
Women—Standing.				
Claytor and Merrill; 54 cases	Min. 2.3	6.4	9.6	10.5
	Av. 3.4	7.8	11.1	12.5
	Max. 4.8	9.3	12.8	14.2
Women—Seated.				
Groedel	Min. 3.0	6.2	10.1	11.0
	Av. 4.6	8.4	11.9	12.9
	Max. 5.0	9.8	14.3	14.8
Women—Horizontal.				
Dietlen; 58 cases; age 17 or more	Min. 2.4	6.83	10.	11.7
	Av. 3.6	8.5	12.1	13.2
	Max. 5.2	10.3	13.7	15.0
Youths—Seated.				
Groedel	Min. 3.2	7.0	10.5	11.2
	Av. 4.1	7.8	11.8	12.7
	Max. 5.2	8.5	13.5	14.3
Youths—Horizontal.				
Dietlen; 31 cases; ages 15-19 years.	Min. 3.0	6.5	10.4	11.4
	Av. 3.9	8.0	11.9	13.6
	Max 5.1	9.3	13.8	15.2
Girls—Seated.				
Groedel	Min. 2.5	6.5	9.0	10.5
	Av. 3.7	7.2	10.9	12.1
	Max. 5.2	8.7	12.7	14.0
Girls—Horizontal.				
Dietlen; 17 cases; ages 15-17 years.	Min. 2.8	6.5	10.3	11.9
	Av. 3.5	7.8	11.3	12.8
	Max. 4.0	8.8	12.5	14.0

Claytor and Merrill's figures for men show variations of 4.0 centimetres within the normal for "ML;" Groedel found differences of 3.0 centimetres and Dietlen of 3.6 centimetres. The respective variations for "MR" are 1.8 cm., 2.1 cm., and 2.8 cm.; those for "T" are 3.3 cm., 3.2 cm., and 3.3 cm.; and those for "L" are 4.0 cm., 3.3 cm., and 3.8 cm.

Therefore, it appears that a heart, originally small, might become pathologically enlarged by 3 cm. or even more before this enlargement could be detected by measurements alone; but, in such a case, if nutrition, position of diaphragm, and age, when necessary, were considered, it might be possible to discover enlargements of not more than two centimetres. In ordinary cases enlargements of two centimetres in transverse diameter should be demonstrable this way.

Examination of the tables (Fig. 9) shows that the variations of "MR" and of "ML" are greater than those of "T." This can easily be explained on the ground that the normal position of the heart is not constant but variable, and that sometimes a greater proportion lies to the right or to the left. We know that this is the case when the hearts of men are compared with those of women who wear corsets, and it can scarcely be doubted that other things which influence the position of the diaphragm may influence the location of the heart similarly. We know also that "ML" is considerably diminished at full respiration, and increased at full expiration, and that "MR" is less affected by the phases of respiration than is "ML." "ML" is relatively much smaller in the pear-shaped heart than in other types. Dietlen<sup>2</sup> prepared tables of the varying average relations of "MR" to "ML" for men, women, and young persons. The average relation of "MR" to "ML" in men he found to be 1.0 to 2.1 and the average for women 1.0 to 2.4, but in a group of women between the ages of twenty and twenty-nine, at which age displacement is most frequent, the relations were 1.0 to 2.6.

These facts assume importance when it is necessary to distinguish slight enlargement from displacement; for instance, in any case in which the figures for "MR" or for "ML" were disproportionately large, and yet "T" was within normal limits. If the disproportion in such a case could not readily be explained by the position of the diaphragm, or attributed to a normal type of heart-shape, there might be enlargement even though "T" were within normal limits.

Before passing from measurement of X-ray material to other means of detecting abnormality in the heart, let us consider the basis of the statistics of Groedel and of Dietlen.

Dietlen's<sup>2</sup> material was selected with the greatest care. He excluded all persons having cardiac lesions, severe, or chronic pulmonary diseases, acute infections, nephritis, arteriosclerosis, old syphilis, anemia, cachexia, marked scoliosis or kyphosis, and hard drinkers. Nearly all who complained of cardiac symptoms were excluded, even when clinical signs of disease were not found, and also those in whom the fluoroscope showed aneurism, marked sclerosis of the aorta, or an abnormal position of the heart; and, finally, the rate, rhythm and quality of the pulse were noted. In doubtful cases the blood-pressure was taken. The patients were all ambulatory persons suffering from mild gastric or nervous diseases, muscular rheumatism, gonorrhoea, fresh lues, skin diseases, or slight injuries, and a large number of soldiers were included in the series. The patients of Groedel and of Claytor and Merrill doubtless, were selected with equal care.

It seems pretty certain, therefore, that very few patients with pathologically enlarged hearts were included among the tabulated cases, and yet, I think it possible that some such may have been included, and that, consequently, the maximal figures may be a little too high.

X-ray plates and orthodiagrams may be of great value to show the outline of the heart. The value of such outlines for early diagnosis has been urged by Ottlen,<sup>14</sup> Wessler,<sup>16</sup> Claytor and Merrill,<sup>11</sup> and others. The subject deserves much more consideration than it has as yet received. It seems likely that the cardiac outline will often show abnormalities before they can be demonstrated by measurement, and that these changes may be of great value in discovering slight hypertrophies of the right or left ventricle at a stage when there is little or no dilatation and, therefore, little enlargement.

Cardiac enlargement is due mainly to dilatation of the cavities of the heart, and appreciable dilatation is often preceded by hypertrophy with little or no dilatation. We all know how difficult it may be to detect cardiac enlargement in early chronic nephritis and this is because hypertrophy, as such, adds little to the size of the heart. The ventricle may be doubled or trebled in thickness, but, if the cavity be not enlarged,

the increase of heart-size is small. In cases of this sort a rounded apex and curved left side suggests hypertrophy. Wessler,<sup>16</sup> found this sign valuable as an index of the presence of nephritis in children at a stage when the elevation of blood-pressure was slight, and when there was doubt as to the significance of albuminuria.

Finally, fluoroscopic examination of the heart requires consideration. Its advantage lies mainly in the fact that it shows the heart in action, and it is probable that it will be more valued in the future than it has been in the past. Not only can the movements of the heart as a whole be studied in this way, but the pulsation of the different parts can be observed. The method affords also a general view of the heart and surrounding structures, and may suffice in some cases to give the desired information without plates or tracings.

#### SUMMARY.

Before finishing I want to emphasize the importance of skillful physical examination and careful history as a means of discovering abnormality in the circulatory system and slight signs of enlargement of the heart.

When findings are inconclusive, an examination with the fluoroscope may quickly clear up the diagnosis. In other cases an orthodiagram or a teleoroentgenogram may provide important information by showing slight abnormality in the *outline* or *measurements* of the heart. Even with good technic none of these methods are faultless, and normal heart-size is variable. Therefore, enlargement should be judged, as Groedel<sup>6</sup> said, not by millimetres, but by centimetres.

By using heart-measurements as described above it should be possible to detect enlargements of two centimetres in transverse diameter of the heart in most cases, but enlargements of three centimetres may occur without exceeding the maximum figures and in such cases abnormality may be difficult to demonstrate.

Abnormal shape may give the earliest evidence by hypertrophy.

The relative merits of orthodiagraphy and of teleoroentgenography, the technic, and the sources of error have been discussed by Albers-Schonberg,<sup>12</sup> Groedel,<sup>9</sup> Dietlen<sup>6</sup> and others. Neither method is satisfactory without proper equipment, nor in the hands of one unfamiliar with its difficulties and possible sources of error.

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## TREATMENT OF FRACTURES WITH A COMPARISON OF OPEN METHODS.\*

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I was at first prompted to write on the comparison of the open methods alone, probably from the fact that these are the most interesting and the most written and talked about at the present time, and have been the means of such brilliant results in many cases where the closed method would have caused failure; but on second thought, I could not refrain from saying something on the general treatment of fractures, as I feel there is a great need of improvement with the profession in general in this particular line of practice, and also from the fact that we all have much more to do with the closed than the open method. The open plan of treatment I will take up more fully later in the paper.

As long as man has existed there have been fractures to treat; and during the period of which we have any surgical history, the records prove varied results in their management. Some members of our profession, with whatever methods adopted, have had better success than others. Those having a mechanical turn of mind, and those with or without this mechanical trend, who have taken special interest in this particular line of work have gotten and

are getting the best results, but withal, the poor anatomical and functional outcome has been far too common. Necessarily, the public has criticised us severely, and too often disability and deformity have resulted where they might not have occurred, had we made a more thorough study of our cases and the methods of reduction and application of retaining appliances to maintain the fragments in place after they were reduced. There is no line in our practice that gives the physician the same anxiety and worry as this one. The deformed and inefficient patient as a result of improper treatment following a fracture is always in evidence, and must cause the physician who had charge of the case anxiety and unhappiness. I am quite certain that we have at the present time a much higher degree of efficiency than formerly with the average general practitioner (and I use this term rather than surgeon, because it is the general practitioner who meets with these cases of fractures first and has to or does treat them). This improvement as to efficiency is due; first, to the fact that the physicians of to-day are more disposed to wake up to their responsibilities, read, observe and think; second, because of a demand on the part of the public for better results, as is true in all lines of practice in our profession, but especially is the public critical along the line of efficiency in reproducing good anatomical and functional parts after the fracture of bones; and third, because of the development and use of the roentgen ray, making it possible and to-day most necessary to know the character of the fractures, the position of fragments and their relation to each other after reduction. The claim is made, and I think justly, that the use of the roentgen ray in the treatment of fractures has done much to lessen the efforts and skill of the ordinary physician in making a diagnosis and proper reduction because of their reliance on this agent rather than on the sense of touch and general observation, which was the only means of making a diagnosis before the roentgen ray was discovered. This contention, I believe, is true, but the benefits derived from the use of this wonderful agent to both the patient and the surgeon are so great that they far overshadow the loss sustained.

The legal entanglements in fracture cases have always been more troublesome than in any other line of surgery, but especially is this true since the roentgenogram has been made possible, and the State liability acts have been in force. These laws have

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placed the employer in a position where he is financially responsible for the disability resulting from fractures, and as a result the physician in attendance has to deal with these men to a greater degree than ever before, and in a sense is less responsible to the injured. Thus, the doctor has added responsibility and less pay. Especially is the latter true in New Jersey where we have a most unjust law. No physician can afford at the present time to allow his patient to go without roentgen ray examination after a fracture is reduced, splinted, nailed, wired, plated or grafted. The roentgenogram is a silent witness that may save the physician from a damage suit. We all have had our worry over the possible outcome in our cases of fractures, and have received shocks, when the splints have been removed at the end of the time when they were required, by finding a deformity we were not looking for.

In the general treatment of fractures, there are a few points that I wish to emphasize. First, it is well to remember that according to law, when a physician responds to a call, he is in charge of the case, and cannot release himself from its management however much he wishes to until another physician who is acceptable to the patient or his guardian takes charge. Second, in fractures with considerable injury and bruising of the soft parts in which there must follow necessarily a good deal of swelling, avoid the use of splints or tight bandaging for the first five to seven days for the purpose of preventing the formation of blebs and the possible interference with the circulation, with destructive effect to the portion of the limb distal to the fracture. In these cases, use only the fracture box, wire cage or some appliance that will prevent such movements as will cause laceration or injury of the soft parts by the fragments and allow the application of evaporating lotions, until the swelling has subsided. Third, never try to reduce a fracture without putting the patient under an anæsthetic, and then only with another physician as an assistant, and in all severe or complicated cases have a consultation. Fourth, always have, if possible, a roentgenogram made after reduction and application of retaining appliances. The roentgen ray examination made before reduction and splinting is practically of no use in court, and of but little use to the physician, except in so far as it proves the character and position of the fracture. Other than this, it may be a guide as to the manipula-

tions necessary during reduction, the kind of splints to be used and the position of the limb most desirable to be maintained. The roentgenogram taken after the adjustment of the splints, if properly interpreted gives one positive evidence as to whether the fragments are in proper position and are being so retained by the appliances. Every patient has the right to demand this positive proof of the proper treatment of his fracture, and we owe it to ourselves as physicians, if for no other reason than the peace of mind following this assurance. Fifth, tight bandaging and splinting is liable to do damage to the soft parts, even in the most simple fracture, and fragments which are properly in place will generally so remain, or if they will not, no degree of tight bandaging or splinting that is safe will keep them in apposition. Sixth, fragments that are in apposition and are going to unite will not become easily displaced after a period of ten days, making careful removal of splints or dressings for readjustment, examination of parts or a judicious manipulation of adjacent joints safe and practical, the splints being reapplied to prevent displacement in case of an accident. Seventh, in the use of plaster of Paris, always split the cast while it is still wet to allow for any possible swelling with constriction, which we all know is so dangerous to the life of the parts subjected to undue pressure, especially those distal to the fracture. This splitting of the plaster cast while it is still moist makes its removal much easier when necessary for examination or at the time when it is no longer required. A good plan is to split the cast on opposite sides, making it possible to remove one-half in case such procedure is deemed for any cause advisable; the two halves can be readily held in place by strips of adhesive plaster, the splint being equally as efficient as a complete cast. Eighth, have a roentgen ray examination in all cases where you have the least doubt as to the possible existence of a fracture. The old saying, "When you are in doubt, do nothing," is not applicable in such cases. Bones are often cracked without the least displacement, and may give but little pain, but in which, without splinting the fragments often separate, later giving evidence of a complete fracture. Ninth, never resort to the open method until it is found impossible to get a retainable reduction without it. Tenth, always warn your patients and their friends that non-union is a possibility in all forms of fractures and never consider yourself in any



way responsible for such an outcome, if you are certain of a complete reduction and retention of the fragments, and of this you can only be certain when you have had a roentgenogram made. Eleventh, always remember that you have a patient to treat as well as a fractured bone. This applies to practically all cases, but especially to the aged, unusually nervous or those in poor health, etc. Twelfth, in fractures of the femur or bones requiring extension appliances, as Buck's extension, etc., allow patients to become accustomed to the bed for a few days before the complete application of such appliances. This delay does not necessarily interfere with the ultimate results, and lessens the intensity of the shock accompanying the injury and prevents much discomfort. Thirteenth, in compound fractures avoid putting even the gloved finger or boiled instrument into the wound, using the greatest amount of care in the preparation and dressing of such cases. The only application used should be tincture of iodine, with which the skin and tissues immediately adjacent should be freely painted, and where there is reason to believe that the fracture has been contaminated, pour a liberal amount of iodine into the wound. A greater percentage of good results will be attained in the treatment of these fractures if a period of seven to ten days is allowed to elapse after the injury before the application of any internal appliance, if such is found necessary. During this period of delay the limb should be placed in the best possible position with the use of the splints that are found most applicable. Never redress the wound unless there is evidence of infection, as pain, a rise of temperature above 101, etc., and then such redressing should be made with all possible aseptic precaution, allowing the escape of any fluid that may have accumulated and pouring into the wound tincture of iodine before redressing. If the temperature persists and suppuration takes place, the treatment is that of any septic wound.

The surgery of the bony frame was quite neglected until that of the other parts of the body was generally developed to a comparatively high degree of efficiency. Most of the scientific work in the use of the open treatment of fractures has been done during the last few years, when very rapid progress has been made, until at the present time, the necessity of the permanent existence of non-union of fractures or the failure to reduce or retain fragments in apposition of any of the bones of the body

no longer exists. The time has come when we are not fearful of the results where the simple fracture is converted into the compound when necessary to bring about apposition and retention of fragments. These operations are perfectly feasible and practical in properly selected cases with most careful preparation and rigid asepsis. These three points I consider very important. By properly selected cases, I mean those which cannot be treated with the closed method with promise of good functional results. Any surgeon who has had experience in this line of work will, I am quite sure, agree with me when I say that in no branch of surgery can one get such deplorable results where sepsis develops after the operation as in bone surgery, and that careful preparation and most rigid asepsis is necessary. One sometimes reads in medical journals of most perfect and wonderful results being obtained in the open treatment with the use of nails, screws, plates, grafts, etc., where infection was present or the conditions because of lack of proper facilities, were bad, but these occasional successes under the above conditions prove nothing. Every physician of much experience has had many surprising results in his work, surgical and otherwise, in exceptional cases where he had least expected them because of unheard of unfavorable influences and conditions. I recall at one time stitching an extensively lacerated scalp where large flaps were peeled off, hanging down over the face of the patient, in a dirty home, using some thirty stitches without even washing my hands or using any form of antiseptics on myself, patient or instruments, the latter due to a lack of facilities, and with the best possible results, but this was no argument for the adoption of careless, dirty surgery. One decidedly septic case, with all the destructive and unfavorable results following the treatment of open bone surgery will deter any man from using anything less than the most extreme care in his future work. It is quite possible that bone tissue will resist infection to the same degree as other tissues of the body, but the general deep seated position of the bones together with their natural dense structure and the tendency for infection to extend through the haversian canals to the medullary substance, making drainage difficult, and the production of osteitis, osteomyelitis, etc., which is so common, gives an infection much more persistent and destructive than that of any other part of the body. As far as possible in my bone surgery, I

never allow myself or assistants to touch the fragments, grafts or any other part of the wound even with the gloved finger, and always use the cotton glove over the rubber one, having the instruments reboiled after they are used to any extent.

In the comparison of the different methods of open treatment of fractures, we have only to consider those with the use of foreign substances as a means of retaining fragments in apposition and those with the use of the bone graft. Of the foreign substances, the one most commonly used is what is known as the Lane plate, which is held in place by screws. We also have the use of the wire nail, silver wire, ivory pegs, silver bands and many other metallic substances, all of which have been used with varying success. The human body has at all times shown a resentment to the burying in its tissues of any foreign substance, and I believe that such insertion appeals to all as contrary to the physiological processes of the body. In the hands of Mr. Lane, of London, the most successful operators in the world using these foreign appliances in bone surgery, we find very much less trouble than with the average surgeon. This, we know to be due to his skill in their application and to his wonderful technique and aseptic plans of procedure, his claim being that the acknowledgment of failure with a later removal of these foreign substances is only a confession of the unscientific and necessarily incomplete aseptic work of the surgeon. Many operators acknowledge that from forty to sixty per cent. of the plates, nails, screws, etc., that they have used in their work have had to be removed within from three to eighteen months on account of the pain or septic conditions dependent on their use. It is found at the time of removal of these foreign substances, whether it be nails or screws, even after they have been in place but for a very short period, that they are always found quite loose in the bone where they have been placed, no force being necessary for their removal, showing that their presence has been injurious to the extent of causing a disintegration of the bone immediately surrounding them. The roentgenogram of plated bones frequently will show the screws out of place and in the soft tissues at various periods after their insertion at time of operation when they had held apparently as well as if being placed in ordinary wood. The pressure brought to bear on the fragments by the tight application of the plate, produced by the use of screws must also

cause a disintegration and certain amount of bone softening. I believe this method of treatment will in the very near future be discarded for the much more practical and natural method—the use of the autogenesis bone graft, which when in place, if properly used, brings periosteum to periosteum, solid bone tissue to solid bone tissue, medullary substance to medullary substance, and instead of favoring septic condition has within itself a power of resistance to the invasion of the ever present germs of infection. The three principle objections to the use of the metallic foreign substances in the treatment of fractures, are: First, and most important, the lowering of the vitality of the tissues with which they come in immediate contact and by so doing favoring sepsis; second, their interference with the osteogenetic processes which produce callous formation; third, the frequent necessity for a second operation for their removal. The favorable results in the use of the plates and wire nails, etc., in the fresh fracture are very much better than in the old or ununited one. In the latter, we find extending back in the fragment for an inch at least from the ends, a rarified condition where the bone cells are smaller in size and fewer in numbers. In these ununited fractures, the possibility of success with the use of the plate is not very great, while with the use of the bone graft which is removed from the ends of the fragment with the twin saw, the longer one always being taken from the proximal fragment and shoved down so as to occupy the shorter gutter in the distal fragment, and bridging over the line of apposition of fragments, while the small portion taken from the distal fragment is dropped into the vacant space left after the sliding down of the long graft, thus giving an ideal osteogenetic bridge connecting the active bone in each fragment back of the sclerosed or rarified areas. In the use of the metal plate, we have but one of the important requirements in bringing about union, and that is fixation, while with the bone graft, we have three; fixation, stimulation of osteogenesis on the part of the fragments and the osteogenetic bridge connecting the fragments across the line of fracture. The intermedullary bone dowel used extensively gives very good results, and has the advantage of having a greater holding power than the inlay graft, but has the disadvantage of having only solid bone tissue in contact with the medullary canal, its medullary substance and periosteum having been removed at the time of its for-



mation; while with the inlay bone graft, as I stated above, has the structures in the fragments in contact with like elements in the graft.

Better results can be gotten in the use of the open treatment in fractures if five to seven days are allowed to elapse from the time of fracture before the operation is performed. The advantage gained in this delay is due to the lessening of liability to infection. During the five to seven days, nature has time to reorganize the tissues and fortify itself against the invasion of poisonous germs which are always present, if from no other source than the skin. Fractures in and about the joints where the early readjustment is important to prevent, as far as possible, ankylosis or interference with free action on account of the formation of callous, and in cases where soft parts, as the blood vessels and nerves, are in danger of being injured by the pressure of the displaced fragments, I adopt the plan of early operation, believing that such added risk of infection is justifiable to avoid, if possible, the above named injurious effects produced by delay.

There has been considerable controversy and discussion as to the part the graft takes in the process of repair of fractured bones. Some claim that it acts only as a scaffolding upon which the osteoblasts have an opportunity to build a new structure, this graft or scaffolding being absorbed when it is of no further use; while by others it is claimed that the graft, to a large extent remains and becomes the main part of the new tissue which enters into the formation of the union. These controversies are interesting, but are of practically no importance. The principal object to be attained is the formation of callous or bone tissue, sufficiently strong to give a weight-bearing and painless bony union. The general consensus of opinion to-day favors the importance of leaving as much of the undisturbed periosteum and medullary substance attached to the graft as is possible, the belief being that bone formation depends largely on the presence of the medullary substance and periosteum.

719 Avenue C, Bayonne.

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No fact has been more satisfactory and conclusively proven than that a marked decrease in the number of infants' deaths has followed intelligent efforts directed to the education of mothers. In localities where the campaign of education has been carried on, the death rate among babies has been reduced from 10 to 50 per cent.

## THE ABUSE OF PITUITARY EXTRACT.

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It can be safely declared that the extract of the pituitary gland represents the most important practical advance in the obstetric art within the last twenty years. The testimony of its efficacy as a powerful uterine stimulant has gathered slowly but surely into so formidable an array that even the ultra-conservatives in our profession are forced to yield it their grudging approval. But whether to subscribe to the teachings of its zealous adherents, who proclaim it "the medicinal forceps" and call upon us to relegate our obsolete steel blades to the scrap heap, is still a question. I would suggest that we retain our "trusties" a little longer even if only for ornamental purposes.

Right at the outset I desire to make my position clear as to the use of this remedy. Altogether in hospital and private practice I have used an extract of the pituitary gland in more than a hundred cases. I have found that in secondary inertia, with the cervix fully dilated, the presenting part at least in the mid-pelvic plane, the outlet adequate, and particularly in multiparae, this agent enhances the uterine contractions so forcibly that within fifteen to thirty minutes as a rule it will effect delivery. If we were to stick to the use of this drug in the second stage of labor, where the natural pains are ineffectual and where a stimulus seems necessary to force the presenting part under the pubic arch, the subjoined remarks would never have been written.

Unfortunately, certain obstetricians, cloaked with authority, are spreading broadcast through lectures and articles in prominent medical magazines an entirely different gospel as to the virtues of pituitary extract. They urge its use even in normal labors, in the precipitation of the onset of labor, in primary inertia, in the first stage, second stage, and third stage of labor, in menorrhagia and metrorrhagia and allied conditions, and also in conjunction with the use of the bag in the induction of labor. As proof of the efficacy of the drug, they proudly boast of the fact that they have not used forceps for the last six months or more and—what is still a greater desideratum—they have not spent more

than two hours, within this period, with any one multiparous parturient.

I would not for a moment question the good results these gentlemen, who are specially trained in the recognition of even the slightest abnormalities, obtain in their individual practice, but I very seriously question, whether such teachings can be of any benefit to the medical profession at large or to the child-bearing community.

We may rail at nature all we want to, call her merciless, blind and blundering, but deep down in our subconscious ego, we medical men who witness her marvels daily, must have a sincere respect for her methods. In labor, nature is apt to work slower than our ideas of fitness and expediency would dictate; but she has a mighty good reason for her apparent tardiness. All the soft parts must undergo a tedious process of preparation, through intermittent pressure, progression and retrogression of the presenting part, passive hyperaemia and softening; the dilatation of these parts must be very gradual, if too rapid it must be at the expense of the integrity of the parts with probable hemorrhage, infection and subsequent invalidism on the part of the parturient. No one who has but once done a manual dilatation of the cervix, can fail to appreciate the great amount of force required to overcome the cervical sphincter and the great tendency of the fibres to tear. Whether the force is a *vis a tergo* or a *vis a fronte* amounts to the same thing. In giving pituitary extract before dilatation is complete, we virtually substitute for a normal or slow labor a precipitate one with the usual accompanying evil effects. It requires the greatest nicety and discrimination in dosage, to administer just a sufficient amount to obtain the required degree of reaction we desire in each individual case. Of course, we are apt to err. As DeLee wisely says, "It (pituitary extract), provides for the doctor and his brother gynecologist a lot of chronic sufferers, often incurable, even after mutilating operations."

Unhappily, anything which promises to expedite a labor case is eagerly seized upon by the average practitioner and if it should come recommended by one esteemed in the profession, he is ready to "Out-Herod, Herod." The general practitioner regards the management of a labor case as an onerous burden he is forced to assume through necessity and not through choice. He accepts the case because he desires to retain his families, the remuneration even if beggarly is of some consideration but altogether

er he looks upon it as a nuisance, a disturber of his well-earned rest, his pleasures, his regular routine. He looks forward to the time when he can, with a sigh of satisfaction relinquish this part of his practice to his less fortunate confreres. Little wonder then that to him every case seems too prolonged and that he is prepared to use this agent as a routine practice whether particularly indicated or not. A dialogue, in point, is reported to have been held between a certain physician of this city, who had his ready hypo filled with an ample dose of this drug, and his parturient, who had read something of the virtues of "twilight sleep." "Is this medicine going to put me to sleep?" she anxiously asked. "No," answered the doctor and added facetiously, "It's going to put me to sleep."

To administer pituitary extract judiciously, the attendant must have a lively appreciation of the adequacy of the pelvic inlet; he must see that the presenting part is engaged or engagable by resorting to Mueller's method of pressure upon the upper fetal pole. He must also satisfy himself of the sufficiency of the pelvic outlet, by gaging the acuteness of the pelvic arch, measuring the transverse diameter and also (as has been pointed out by Rudolph Klien and later by Williams of the Johns Hopkins) the posterior sagittal diameter, what is now called Klien's diameter; this diameter is particularly important in funnel pelves where the transverse is below ten centimeters. It is also advisable to have an anæsthetic on hand as well as the forceps, properly sterilized. The fetal heart sounds must be carefully watched and if they should become irregular, markedly diminished or accelerated, rapid delivery, in the interest of the child, becomes imperative.

Without a doubt the hasty and overzealous use of this remedy, is gaining momentum and I believe it is time to halt this abuse of an excellent agent before it has made much further headway. Those writing upon this theme have been so much impressed with the favorable action of the extract that they have failed to properly emphasize some of the by-effects. Yet the latter are equally if not more important than the former.

Fatal asphyxia neonatorum is one of the conditions we must have in mind before administering this remedy. Within the last few years a marked increase in the number of still-births have been reported; there is no question but that some of these were



due to the ever increasing use of pituitary extract. We can readily understand how this accident may occur. The contractions of the uterus, to be salutary, must be rhythmic and intermittent and a labor pain should not last longer than one or, at the most, one and a half minutes. When this agent is injected, in certain instances, the pains are unduly prolonged and may last several minutes. During this time the circulation in the fetus is necessarily impeded and if the cord should be pressing against a hard structure, as against one of the trochanters or the sacrum of the fetus, fatal asphyxia inevitably results.

Uterine atony also occasionally follows the use of the extract. This is evidenced by a more or less marked relaxation, after the placenta is expelled, with more or less post-partum hemorrhage. I have had two such by-effects; they were of mild degree and responded to a hypo of ergotol accompanied by brisk kneading of the uterus. But cases of alarming flooding have been reported. In cases of toxemia, showing renal insufficiency, oedema of the extremities and elevated blood pressure, those conditions we term "pre-eclampsia," pituitary extract is decidedly contra-indicated. It raises the blood pressure and tends to and often does precipitate an eclamptic seizure; all authorities agree in advising strongly against its use in such cases.

Again, the administration of this agent, particularly if it be in full doses, is sometimes followed by an hour-glass contraction of the uterus, with retention of the placenta. A case of this kind came to my notice. The attendant was forced to call in assistance; the placenta was removed with great difficulty. Moreover certain patients display a peculiar idiosyncrasy toward the drug; a dose of one c.c. or even less is rapidly followed by ringing in the ears, ocular disturbances, giddiness and even complete collapse. Also, if the cervix is not completely dilated, it tends to the premature rupture of the bag of waters and in uncompensated heart disease it tends to aggravate the condition, so that rapid delivery becomes necessary.

But rupture of the uterus is without question, the most serious accident which may be brought on by the incautious use of pituitary extract. Personally I have never seen this misadventure, but the literature furnishes quite a formidable list. The very brief report of three cases may be of interest. One is the case sent to Polak's clinic; this parturient was given an initial

dose of four c.c., following the baneful teachings of certain authorities who preach of the innocuousness of the remedy. Another case is that of Druskin of New York City; in this case, a nephritic woman was given an initial dose of one c.c. and in one and a half hours manifested all the classic symptoms of ruptured uterus, and the last case is that of Herz, of Leipzig, where one c.c. was injected into a very anaemic primipara, with cervix dilated two fingers. These cases will suffice to show that the occurrence of this grave complication is more than a theoretic possibility.

Another arraignment against pituitary extract is its variability in effect. In certain cases it acts much more powerfully than we would desire or expect; I recall several instances in which I would have been glad to withdraw the medication if that had been in my power; the contractions became almost tetanic and ether to the point of anæsthesia was required to counteract the powerful propulsive efforts of the uterus. On the other hand in different cases, the extract seems to be virtually inert. J. K. Quigley, of Rochester, reports that in fifty cases in which he used the extract ten were failures and he had to resort to the forceps seven times. My experience tallies in the main with Quigley's. This apparent inertness I have particularly noted in primiparae.

A convincing explanation for the varying effects obtained with pituitary extract has been deduced through the series of experiments made at the hygiene laboratory of the Public Health Service with the object of testing the strength and efficacy of the different preparations on the market. Dr. G. B. Roth, who conducted the experiments published his interesting report in Bulletin No. 100. He found that the ratio of variability between the strongest and the weakest product was seven to one; in other words, one c.c. of the strongest was equivalent in effect to seven c.c. of the weakest—a most startling difference in potency. The tests were made on samples obtained from a number of pharmaceutical houses; they are all reputable and apparently there is no deliberate attempt at fraud. Although the animal source of the extract varied, being in some cases cattle, others sheep and still others horses, that does not offer sufficient reason for the divergent results, because the same difference was evidenced when preparations from the same species were tested. Whereas Dr. Roth's findings explain why we obtain varying results with

preparations produced by different firms, which go under the names of pituitary extract, pituitrine, pituglandol, hypophysin, etc., they offer no explanation why the same preparation from the same house produces in different people such divergent effects. I suppose we must continue to ascribe it to "individual susceptibility"—a Delphic term which "listens well" but explains very poorly.

In an able editorial, *The New York Medical Journal* urges the standardization of the various extracts of the pituitary gland. This would entail a considerable financial outlay by the pharmaceutical firms, which would eventually have to be paid by the doctors or patients in a higher cost of the article; but this is of little consideration. An inert, spurious, or unreliable drug is worth less than nothing; it tends to rob medical men of their faith in medication and to rob their patients of that which they are legitimately entitled to. The profession should be behind any movement which aims toward the standardization of this remedy and of all other Galenics as well.

In conclusion I desire to urge upon the average practitioner the necessity for great caution in the use of pituitary extract. It would be wise for him to closely adhere to the following rules: Use the preparation of one reliable firm and stick to its use. Never give one c.c. for an initial dose; rather use one-third c.c. and repeat every half-hour, if necessary. Do not administer it in primary inertia; it is better to give a dose of morphine or morphine and scopolamine and after a refreshing sleep the pains will of themselves come on with renewed vigor. Always give pituitary extract before resorting to low forceps. Use it only in the second stage of labor and only when a distinct indication for its use exists. Finally stick to the "terra firma" of established procedures, let those who have hospital protection do the fancy "stunts" and experimentations, and be not the "fool"—to enter "where angels fear to tread."

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#### "Smokers' Patches" in the Mouth.

Dr. Landouzy, in *Presse Medicale*, describes these patches as consisting of whitish lines or triangular patches extending from the junction of the lips to the first molar. These are also known as smoker's commissural patches. They are found exclusively in syphilitics. Tobacco is merely the local irritant which causes the patches to develop in the predisposed.

## THE MIDWIFE PROBLEM — PAST, PRESENT AND FUTURE.\*

BY SIEGFRIED HUSSERL, M. D.,

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The factors concerning the midwife, it may seem to many, have been discussed sufficiently; to again bring up the question in all its details would appear as waste of energy, were it not for the fact, that the Academy of Medicine has never expressed its attitude towards the same, and for the more important fact, that in the last few years more perhaps has been done towards partially solving the problem in New Jersey than in most States of the Union, as I will try to demonstrate.

I thought in following up the history of the midwife from the oldest existing records and gradually showing her development up to the present time, a better knowledge may be gained and safer judgment given of her status, and therefore had made up my mind to investigate the literature concerning the midwife. But soon I found out that my task would require far more leisure on my side and patience on yours, to give credit to the scope of this paper, and I have to be satisfied with so-to-say an evolutionary sketch. To give you an instance, amongst others, I came across the book of a German professor, who wrote two good-sized volumes on the regulation of midwives in Germany alone—*Hebammen-Verordnungen* they call it—it took him only three years to collect his data and complete his task. Unfortunately, few people can afford to be German professors. It illustrates, however, how seriously this question is studied elsewhere.

The first thought that will occur to us, is: Has man made his entrance into this world always with the intervention of foreign aid? We naturally turn to our oldest history-book, the Bible, and it seems, while many women at early periods and in certain climates may have confined alone, some must have been exposed to great dangers. Compassion for suffering and a common lot brought around the sufferers those who had passed through the same trials, and were ready to assist and counsel. Those who therein showed the most courage were probably sought for and were in great demand. Thus, with the wisdom handed down from generation to generation, the

\*Read before the Gynecological Section of the Academy of Medicine of Northern New Jersey, January 27, 1916.



profession of midwives may have originated.

The first accounts of confinements describe the birth of Essau and Jacob: "And the first came out red all over, like an hairy garment, and they called his name Essau and after that came his brother out and his hand took hold on Essau's heel." Thus the first recorded presentations were of the head in Essau's case, and of the head and hand in the case of Jacob. We read further about Rachel: "It came to pass that when she was in hard labor the midwife said unto her 'Fear not, thou shalt have this son also.' Of Tamar, daughter-in-law of Judah, it is narrated: "Behold, twins were in her womb; and it came to pass that one put out his hand, and the midwife took and bound upon his hand a scarlet thread, saying, this came first. And it came to pass, as he drew back his hand, that his brother came out first and afterwards the brother, that had the scarlet thread on his hand;" which is the first recorded case of a spontaneous evolution in an arm presentation. Rachel is the first case mentioned that died in labor, although from the remark of the midwife, it would seem of not infrequent occurrence.

Some idea of the character of the assistance afforded by the midwife may be judged by the words of Rachel to Jacob at the time when she was barren: "Behold my maid, go in unto her and she shall bear upon my knees, that I may also have children by her." While in Egyptian captivity, the King of Egypt says to the Hebrew midwives: "When you do the office of midwife to the Hebrew women, and see them upon the stools, if it be a son, then shall you kill him." But as they failed to do so and the king asking the reason, they replied: "Because the Hebrew women are not as the Egyptian women, they are lively and are delivered, before the midwives come in unto them"; which also shows, that the portable ladies' solace or accoucheurs chair of later date is no new idea. In the 15th and 16th centuries the midwives carried them from house to house, and similar ones were in Germany in use not so long ago, called *Kreisstuhl*.

In Rome and Greece, the midwife did not seem to be on a higher level. Here the precepts of hygiene were consecrated by religious ceremonies, which greedy priests in those days of credulity and ignorance easily multiplied. Every woman at the time she first noticed her pregnancy, went to the temple of Diana and deposited her girdle

and took afterwards garments that were suitable to her new condition. Not much, however, is learned of the duty of the midwife, except that she probably did rather too much than too little, was the oracle respecting everything relative to the outward embellishment, the color of the skin, the shape, the breasts, etc. She made marriages, procured abortion, and tried to cure sterility; in short, the Cleopatras and Aspasias of ancient fame were similar and as ignorant as their professional sisters of later date.

From that time to the birth of Hippocrates, 458 B. C., there is no record of advance in the assistance of the parturient, except the statement, that the practice of midwifery was in the hands of females. The mother of Socrates was a midwife, and Plato explains their function and regulates their duties. The physician was called only, when the woman was in extremis, for the purpose of delivering by forcible means the fetus, which threatened the life of the mother.

After this period almost a thousand years passed without leaving a trace of the art, and probably without any improvement. From the 12th century on, occasional reports appear, that commence to show the interest of men in midwifery together with the recommendation of varied instruments for delivery and particularly for dismemberment. Ambrose Pare in 1599 gives several plates of those tools. From that time on the ignorant midwife was gradually supplanted by the man of scientific attainments, and when about the year 1700 the forceps was introduced into obstetric practice, one result was achieved; for previous to this time the physician only was called to women in labor to correct the blunders of the midwife and was generally considered the messenger of death. But the pretension of the possessors of the new instrument, to shorten the duration of labor, changed the habits of the people and every woman almost was delivered by forceps. So little up to that time were men concerned with births, that as late as 1552 Dr. Veit in Hamburg was publicly branded for attending as a midwife in female garb.

Dr. Atwood was the first physician in New York, who dared to advertise himself as a man-midwife before the revolution in 1762. From that period, general attention was given by the profession to the study of midwifery and the art was introduced as a branch of medical education in the schools. At the same institutions, courses were open-

ed for midwives, gradually also professorships for midwives were created all over Europe. Germany has shown the greatest interest in midwife education, England following in the adaptation of German methods. Their status was legally cleared, their privileges restricted to normal conditions, their duties well circumscribed. At present their status in Europe is well defined, their schools mostly connected with University Hospitals. The midwife in Austria receives a three-year course; in Germany one year; in England one year. Holland, Belgium, France and Italy require a two years' course of schooling; Norway, Sweden and Denmark one year. Great Britain in 1902 established its central Midwives' Board, to supervise and control midwives; it has 108 midwifery schools, including four in the East Indies and one in Hongkong. The Vienna University about 15 years ago instructed some 150 midwives per year, demonstrating the enormous demand, especially in the country districts. But in spite of her training, the average European midwife is below the modern standard.

In the U. S. midwives are allowed to practice unrestricted in 12 States, there are no laws relating to the training, registration or practice of midwives in 5 States. In six States it is required that midwives shall be trained, but they have no standardized schools. There are only four schools in the whole country, that meet the State's requirements: New York, Philadelphia, St. Louis and Newark. And so we have the present midwife before us, whose standing, development, elimination or elevation, have been the center of more or less intensive discussion among physicians and social workers. In spite of all, however, that has been written or said, the problem, how to put her, is as far from solution as ever. Fifty years ago, the County Society of New York, after heated arguments, voted with an overwhelming majority for the abolition of the midwife in the State of New York; five years ago the Academy of Medicine of New York, passed a resolution insisting upon training, licensing and regulation of women engaged in the practice of midwifery. To such a degree are the opinions divided in more or less extreme quarters all over the country. What then could or should be done with the midwife of the future?

To come to somewhat fair conclusions, fair to the mother, infant, medical profession and, if you please, to the midwife, cer-

tain facts must be established; Before all, one-half to one third of the women are delivered by midwives, and although at least 50% of them are of inferior type, their results in regards to sepsis, blindness, mothers and infant's mortality, seem to compare favorably with those of the average physician.

Secondly and more important is the fact, that there is an unquestionable demand for the midwife, not only among women of foreign origin, where the midwife covers a wide field, but also among a goodly number of native-borns.

Thirdly, her intense necessity in sparsely settled country districts which nowhere in the world seem to be attracting a sufficient number of physicians. In the large European university towns, the number of physicians increases from year to year far out of proportion to the population, for the medical student, born and bred in the country, rarely returns to his home town after graduation, but settles in the city.

Now the problem resolves itself simply into the one question: Can mothers well exist and be properly taken care of without the midwife? The most pertinent and perhaps most radical answers to that question were given during the discussion of the midwife at the third annual meeting, in Cleveland, 1912, of the American Association for the Study and Prevention of Infant Mortality. If you read the paper of Dr. Ziegler, Professor of Obstetrics in Pittsburgh, you feel, after reading his arguments for the elimination of the midwife, as if you almost were willing to help him. If you then read the answer to his statements, which are mostly contained in the farewell address of Dr. Abraham Jacobi to the American Medical Association, your mind immediately changes and you are inclined to favor just the opposite view on the question.

Is there, however, no way out of the difficulty between those extreme opinions? Here is in short, what Dr. Ziegler proposes: He first reproaches the midwife because, in spite of the fact that she handles about 50% of the births, she never has added to her knowledge of obstetrics; but for that matter, there is hardly a woman who has added to the science of medicine, as little as the suffragette may like that statement. It is a fact however, that although the history of obstetrics is intrinsically the history of the midwife for many centuries, obstetrics as an art was mainly developed by the male midwife. Thus he reproaches the midwife



for taking enormous study material away from the medical student without any return to science. He concludes that in cities of first and second class the midwife can in time be eliminated through the establishment of obstetric hospitals and dispensaries with all that goes with it in the form of social service, visiting nurses, prenatal care, etc., the hospital to care for all who cannot secure proper care at home, the dispensary to care for those who are delivered at home, medical students under supervision to do the work. "It seems a sensible thing," he says, "to train the physician until he is capable of doing good obstetric work and then make it financially possible for him to do it. We are passing through a political and economical revolution, which is certain to result in giving to the worthy poor justice—in providing the necessities of life. This does not necessarily mean socialism, but it does mean social justice."

You will admit, this is a mighty uncertain base to work on. It sounds good, but when are we going to have it and what are we going to do meanwhile? Furthermore, as Dr. Jacobi says, according to Abraham Flexner, 31 medical schools of high standard are needed in this country to give adequate education to medical students in the way that Dr. Ziegler recommends it, which would mean an initial outlay of \$30,000,000 and annually of about \$3,000,000. Dr. Ziegler admits, that in the rural districts, where there are no hospitals and where there always will exist a lack of medical practitioners, the midwife must continue her work, unless the State places a higher value than heretofore upon human life and comes to the rescue.

Dr. Josephine Baker, of New York, in her answer shows, how it is almost impossible in a city like New York to carry out such a plan. She says: "We can talk until we are hoarse, we can build all the lying-in hospitals we choose, but we cannot induce the woman to go to them, if by racial prejudice and inclination they prefer the midwife; not only poor women, but others who are perfectly able to pay a fee." And she does not blame the woman, for after studying conditions on the East Side, she is convinced that the midwife gives the woman more value for her money, for she says "the average doctor for the same fee comes in a hurry, often uses his instruments too soon, lacerates the perineum, frequently leaves too early and generally makes not more than three or four calls afterwards." She sums up by saying, that "no amount

of legislation will ever drive the midwife out of business." It almost reminds one of the problem of the saloon—you may close them all, but will people stop drinking?

The logical step therefore would be, to leave dreams and utopian social hopes aside and resignedly accept the fact that human nature does not change, has not changed since the days of Eve, and approach the problem not with theories, but with concrete working plans.

If the midwife is needed in the rural districts, and if she is in demand in the large cities, there is only one thing to do, have midwives only, who will come near to that standard, which we all so eagerly wish to have established. Here we have to face two large tasks, viz.: the existing midwife and the future stock.

In several cities efforts are made to reach the practicing midwife mainly through what is called "supervision," with results that, according to my opinion, are not in proportion to the expenditure of money and energy. The great bulk of insufficiently trained midwives is not accessible to the most systematic efforts or propositions, exerted apparently for her benefit. Most of them are lacking, what I would call, the scientific instinct; the majority have established a routine for themselves, out of which to drag them, would demand supernatural forces. What good does it do to make them get a license and a clean tool-bag? Having a license does not increase their knowledge nor prevent them from doing work, which never reaches the eye of publicity. With a few exceptions they are not afraid of the Board of Health and most of them are in a defensive, sullen frame of mind, always ready to attack those who they think are persecuting them; they feel safe in the experience, that even the worst of them do not have to fear punishment, as there seems always to be a way out of their troubles. I had made it my business to gather confidentially a good portion of them around me and to study their frame of mind and I came to the conclusion, that destructive measures would never accomplish anything. Instead of threats and continuous dickering, I thought a more constructive policy would bring results, where the State board, local boards and the prosecutor had failed. I conceived the idea of forming an organization with the more intelligent ones and in analogy to the county societies of physicians, I showed them a way, where they could establish their own code of ethics, increase their obstetrical knowledge

and moral standard and exert a moral pressure upon those who would not join their ranks. I must confess, the results have exceeded my expectations. They formed on my suggestion the New Jersey State Midwife Association, starting with almost 50 members; they hold regular meetings, invite physicians to talk to them on pertinent subjects and try in a way as never before, to seriously continue their original intentions. Where the Child Hygiene Department in Newark had to give up its lectures to midwives for want of attendance, there is always a goodly number in their own meetings, because they are not under obligation to come. But a great portion of them is hopeless, no coaxing will help, to create their desire for progress, even after they are clearly shown that it is for their own advantage. We offered them the facilities of our Maternity Hospital, invited them to observe our ante-natal care, we set a day aside every week for them, to bring their patients along for obstetrical examination, free of charge, of course, and with the distinct understanding, that under no condition would we accept or keep their patients, but it was of no avail, they don't understand or don't want to. Let them—and most of them are in or have passed the climacterium—die an easy death, for what results are claimed to have been accomplished in their control, are either self-deceptive or are intended for newspaper advertisement. By yearly adding young graduates to the association, such an organization, which I believe is the first of its kind, may exert a strong influence for good upon those, who may be inclined to neglect the laws of the State and the precepts of their profession.

Far more important seemed to me the creation of the new midwife, and when I years ago became interested in the problem, I looked up the law and found it good in comparison with the laws of other States, the only trouble was, that nobody seemed to bother about it or intend to enforce it. The New Jersey law demands a two years' training in 13 subjects, prescribes in detail the conditions of licensing, but there never was a school, to base the law on, and licensing in most towns of the State is yet to be required. So I organized a training school for midwives and after about four years of experience, we are able to better judge the whole problem. Before all we felt the absolute necessity of bedside instruction, so we connected a Maternity Hospital with the school. We went about it with much

enthusiasm and did not spare time nor energy to produce a superior midwife. The instruction is theoretical and practical; there are three lectures weekly, on general nursing, infant's hygiene and obstetrics. The lectures in obstetrics are given in English, German, Italian and Polish. Every pupil has 12 hours' service for two years every week, alternating monthly during the day or night. Their strict attendance is demanded, even if they have to come from great distances. If absent they are fined and have to make up the full time. We do not make any allowances, no letters of introduction or offers of any kind are recognized, we insist upon full service, before we give our diploma. The State Board recognizes our serious efforts and refuses every other diploma except ours, which is in strict conformity with the law. The only allowance was made by the State Board for those, who had six months' training in Bellevue Hospital, in which case they had to take but one year in our school, whereupon the New York School, finding out the invalidity of their diploma in New Jersey, correctly refuses New Jersey pupils.

We are proud of what we have accomplished, but in spite of all efforts we are not satisfied yet with the modern midwife; and the main reason is, there is not enough preliminary education in 70% of them, to make of them what we hoped to do. Those, that have come up to our preliminary standard, we are justly proud of; they are a credit to our school, they confine their clients after all demands of modern obstetrics, diagnose complications promptly and are doing as good work as the average physician. Our first graduates had full grammar school, one partial high school education, they are now making good midwives. And just here, according to my judgment, is the salient point of the whole midwife question of the future: Not quantity, but quality. No pupil should be accepted that does not write and read competently in the English language, no diploma even European should be recognized, the moral character of the pupil well studied during probation time and a full two years' education should be enforced. We do not bind ourselves to that term, unless we consider the pupil ready to pass the State Board's examination. The juniors must have been present at least at six deliveries, the seniors must deliver at least six cases themselves. They must besides serve in rotation in the infant's control department and ante-natal department; they see continuously the care of the ex-



pectant mother, pelvimetry, regular urine examinations and untiring attention to ante-natal details; they surely must be impressed with the seriousness of the methods. With one word, it is not simply obstetrical instruction which they receive, but all modern efforts for the reduction of infant mortality and the social problems, which touch pregnancy and birth, are strongly emphasized, as the hospital work itself is built up around this center. In that direction, I believe, we do superior work to the school of Bellevue Hospital, where the pupils take a six months' course only, three of which are in outdoor and three indoor service, with less emphasis laid on the ante-natal care and without the infant's control department.

In spite of the fact, that the school is also managed on a far lower expense figure than the New York school, indeed with hardly any expense to the city—being almost self-supporting—the local Board of Health and particularly the Children's Hygiene Department, which claims to make strong and altruistic efforts towards the solution of the midwife problem—in periodic newspaper utterances at least—have up to the present time not been able to see the value of our sincere and ethical work to the city and to the State.

In summing up now, I have come to these conclusions: It is at this time evident to the disinterested observer, that reduction of infant mortality in the main, hinges just about two points: First, prenatal care, including constitutional considerations and social factors; and second, breast feeding. All other so-called efforts are fancy affairs, reports of which sound nicely in the newspapers to those, who don't know any better. It is further admitted, that the midwife is a relative necessity and by force of modern education could be made a powerful factor towards the establishment of those vital premises, ante-natal care and breastfeeding. Shall we under those conditions help towards her abolition? If we don't, can we make her more efficient? I tried to demonstrate, that a number of the old type may gradually elevate themselves without much outside force, by the organization of their own members; and I have no doubt demonstrated the better future midwife, created by insisting upon preliminary education and upon thorough instruction of at least two years, without exceptions.

Have the physicians been fair in condemning the midwife? Have they given her a chance to make good, have they prepared her properly for her calling? Only if that

has been done and after reasonable time, the midwife is found out to be the source of scientific dissatisfaction, we must think of removing her as a profession; then we will be ready to close our school. But meanwhile, let us resolve to resist all efforts in legislature and everywhere, to reduce her curriculum.

I cannot close without giving credit for a great amount of work towards the education of midwives in New Jersey to Dr. H. B. Kessler. While I originated the plan and started the machinery, he has now for almost four years, day after day and many a night, given a great deal of his time to the institution, without any reward except the satisfaction that comes to him who has given devoted service to a good cause. We must give credit to whom it is due, and I am glad to have a chance to do it on this occasion.

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## Clinical Reports.

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### EXTERNAL SIGNS OF SYPHILIS OF THE EYE.\*

BY B. M. HOWLEY, M. D.,  
New Brunswick, N. J.

In speaking of the external signs of syphilitic eye diseases, I will refrain from speaking of the internal evidence of syphilis as it can be determined only after a careful examination with the ophthalmoscope.

Chancre of the eyelid is not an infrequent way of primary infection, showing itself in about two weeks after infection by marked conjunctival disturbance and enlargement of the pre-auricular glands. Scrapings from the chancre will show the presence of the *trepona pallida*.

Gumma of the eyelid is a tertiary symptom and is generally the forerunner of syphilitic ulcer. Chancre of the conjunctiva occurs less frequently than of the eyelids. Mucous patches on the conjunctiva are noticed at times in the second stage of syphilis.

Interstitial keratitis or parenchymatous keratitis is generally due to congenital syphilis, although it may be caused by the acquired form. It affects children and young people oftener, although it also affects adults. It is noted for its persistence and prolonged time of treatment. Deep interstitial keratitis, or the salmon patch

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\*Read before the Middlesex County Medical Society at Perth Amboy, November 17, 1915.

variety, is a form due to acquired syphilis.

Syphilis as a cause of iritis varies in different parts of the world, as the prevalence of syphilis so varies. At least, that is the only way we can interpret the varying statistics given by authorities in different parts of the world, as to the syphilitic origin of iritis. The most characteristic form of iritis is the gummatous variety.

The symptoms of syphilitic iritis do not differ from iritis due to other causes; therefore, to make a positive diagnosis it will be necessary to resort to the laboratory.

Some cases will give a specific history, but in doubtful cases a Wassermann will decide.

The following cases will prove interesting:

W. G., male, age 30, consulted me for severe headaches that had been troubling him for some weeks. Headaches were frontal and at the top of the head. Examination of the frontal sinus was negative. There was a marked congestion of both conjunctiva with the presence of a mucous patch in the right eye. Examination of the body showed a marked papular rash. Patient admitted the presence of a sore on the penis about four months before as a simple sore. Wassermann was + + + +.

A. B., female, age 17, came to see me with the history of the left eye affected about two months. Examination showed a marked infiltration in the upper and outer part of left cornea. Conjunctiva infection and photophobia were marked. Mother denied specific history on either side of the family. Patient had been sick as a child suffering from a hemaplegia, cause at that time unknown. Von Pirquet was negative. Blood examination showed a + + + + Wassermann. The mother confronted with the evidence admitted that the father had contracted syphilis previous to the conception of the child. Neosalvarsan with mercury caused a rapid improvement.

A. P., female, single, age 18. Right eye affected about six months. Marked infiltration in upper and outer part of the cornea, eyeball inflamed, photophobia and lachrymation. Denied ever having any venereal disease. Blood examination showed a + + + + Wassermann. The diagnosis of interstitial keratitis due to congenital syphilis was made. Neosalvarsan and mercury produced rapid improvement.

J. W., male, age 14, came to see me with the history of the right eye troubling him about a month. Examination revealed a

grayish white deposit in the outer part of the iris. No history of infection could be obtained as I was unable to see either of the parents. The iris was contracted and a marked conjunctival inflammation was present, photophobia and lachrymation were marked. The other eye showed a low grade of serous iritis. Under the energetic use of atropine and cocaine we soon had a dilatation of the pupils, although the right eye dilated slowly and irregularly. Diagnosis of gumma of right eye with serous iritis of left eye due to congenital syphilis.

### EXOPHTHALMIC GOITRE.\*

By JOHN C. MCCOY, M. D.,  
Paterson, N. J.

Probably no class of patients causes the surgeon and internist more anxiety than those afflicted with pathological changes in the thyroid gland. The variations which occur in the size of the gland are, frequently, out of all proportion to the clinical symptoms manifested. The latter depending entirely upon the interference with the secretory function of the gland. At times extremely large vascular thyroids are met with, showing no apparent unbalancing of the thyroid secretion, and yet again very small tumors may give rise to the most pronounced constitutional symptoms. As the thyroid is an organ of such extreme vascularity, having a more abundant blood supply than any other organ in the body, we can readily account for the many changes so frequently noted in the gland, and also for the fact of the intermittent character of the enlargements.

Goitre causing no pronounced clinical symptoms may be readily removed with the most favorable end result. When, however, we come to enlargements of the gland accompanied with exophthalmus and associated with the clinical features of this condition where the gland is uniformly enlarged, and there is an unbalanced condition of the nervous system, we have then a process which calls for extreme care and caution, so far as operative procedures are concerned, for in this class of patients the results are frequently disappointing both to the surgeon and the patient.

The question as to when to operate in a given case and the method of operation applicable should be decided only after care-

\*Patient presented and case reported at the meeting of the Morris County Medical Society, March 14, 1916.



fully weighing all the evidence in each individual patient. No hard and fast rule can be laid down; in the one case careful medical treatment is indicated, in another excision of the gland, and in others, various modifications of one method or the other. I believe it wise to observe every patient suffering from an enlarged thyroid, for a considerable time before any operative measure is decided upon. It has frequently been a surprise to note the marked variations, not only in the size of the goitre, but also in the material modification in the clinical features of the patient, who has been methodically observed for a period of time.

During the past two years I have seen two cases of large vascular thyroids, giving rise to the most vicious, nervous and general constitutional symptoms, almost entirely disappear, spontaneously, with practically a complete abatement of all clinical phenomena. Unquestionably in these patients there was a true hypertrophy and hyperplasia of the gland, which was later replaced by connective tissue, causing a contraction of the gland and a diminished vascularity, thus bringing about a balanced state of the secretions. Neither of these patients, during the period the thyroid was enlarged were proper surgical risks and yet, on the basis of my experience with this patient, in the use of boiling water as an injection into the gland, I feel sure that under exactly similar conditions, I should make use of the injection no matter how severe the symptoms were.

This patient whom I present to you, failed to improve under the most careful medical treatment, extending over a period of one year, during which time she was under the care of Dr. Kice, of Wharton, who referred her to me. Owing to her poor general condition, it was decided to operate in as conservative a manner as possible. Both the ligations and the injections were done solely with the idea of alleviating the immediate symptoms as a preparatory measure, for a more extensive operative procedure. The result has been so satisfactory, it would seem that the more radical measures might be obviated, and the patient is shown because of this fact.

K. B., single, age 27. April 26, 1915.  
Family history—negative.

Personal history—had diphtheria at 10; measles and whooping cough.

Menstruation: Began at 13. Always very irregular and scant, lasting one to two days. No menstrual flow for past five months. Frequent urination for past year.

Present complaint: October, 1914, noticed a small lump on the right side of neck to right of median line. At that time she became extremely nervous and noticed a muscular tremor of the entire body. No emotional excitement has occurred at any time, to which the condition could be attributed.

Insomnia: Rest interfered with by consciousness of heart's action. Palpitation of the heart upon least exertion. Extremely weak and has lost 17 pounds in past six months. Working until one week ago, when she was compelled to stop owing to the tremor.

Physical examination: The patient presents a condition of marked nervousness. Anxious staring facial expression. Muscular tremor of the entire body. Abnormal blushing of the face, which would appear for a moment, followed by moist skin and extreme pallor. Heart's action tumultuous, visible pulsation at fifth interspace; pulse rate 150. Patient is emaciated and weakly looking, eyes bulging, react well to accommodation, poorly to light. Sluggishness of the upper eyelids. The thyroid gland is uniformly enlarged, vessels pulsating and superficial veins very prominent. The enlargement is slightly more prominent upon the right side. Circumference of the neck 17½ inches. Breasts are undeveloped; lungs normal; abdomen negative; extremities negative. Blood pressure, systolic 150; diastolic, 100.

Blood count: Leucocytes, 5,100; small lymphocytes, 24; large lymphocytes, 12; polymorphonuclear, 64.

Wassermann, negative. Urine, acid; a few pus cells; indican present; a few granular casts.

The points standing out most prominently in the history of this case are:

1. The irregular menstrual history, antedating any of the other symptoms.
2. Interference with the urinary functions, frequent urination, etc.
3. Nervous phenomena and insomnia.
4. Disturbance of the cardio-vascular system.
5. Muscular tremor.
6. Exophthalmus.
7. Progressive loss of weight.

Under local anæsthesia (novocain), the left superior thyroid artery was ligated April 29th, 1915, and boiling water injected into the various parts of each lobe, as suggested by Dr. Miles F. Porter, who has claimed the effect of this method of treatment is a destruction of the gland cells and

colloid, which is later replaced by connective tissue. The amount of water used was 20 c.c.

Following the operation there was a sudden rise of temperature from 99 to 103½ although the pulse rate remained below 120, notwithstanding the fact that it had been above 140 prior to the operation. Within 48 hours the temperature was reduced to 99.

There was a marked tenderness over the entire thyroid and the gland was somewhat larger than prior to the injection. The temperature then dropped to 99 and the pulse came down to 104. There was a gradual improvement in the patient's condition and a decided abatement in all of the nervous phenomena. The gland gradually decreased in size and by May 19th the pulse was 80 and varied between this and 104 for a week, even during mild exertion. There was still some muscular tremor and on May 27th the right superior thyroid artery was ligated and again 20 c.c. of boiling water injected into the gland at numerous points. There was again a marked reaction following the injection, swelling of the gland and tenderness, with some difficulty in swallowing. This disappeared in a few days and the patient left the hospital on June 2nd with a pulse of 80. Since then there has been a gradual but steady improvement in her general condition. The thyroid has diminished in size, the circumference of the neck being now 13 inches. The nervous condition has almost disappeared. There is complete absence of muscular tremor. The patient sleeps well. She is able to again do her work. The menstrual periods are more normal than ever before in her life. She has gained 32 pounds in weight, and it would be fair to consider that the results obtained were due to the operative interference.

The question naturally arises whether the result obtained was due to the injection of the boiling water causing a cicatricial contracture as the result of the development of connective tissue or whether it could be attributed to the ligation of the thyroid vessels. Probably both procedures played an important part. The patient's condition was so deplorable that it was felt we should use every measure within our power to control the vascularity of the gland.

Should there in the future be evidence of an unstable condition of the thyroid secretions, a more radical operative procedure would be easier, and would be fraught with less danger to the patient, owing to her improved general condition.

**Exophthalmic Goiter Treated With Adrenal Substance.**—Another angle to this same subject is brought to light in a paper by Crain (*Journal-Lancet*, October 15, 1915), in which he reports the successful treatment of Graves's disease with desiccated adrenal substance. We know that the relation between the adrenals and pancreas is very definite and disturbances of their mutual balance result in very decided changes in the metabolism, and the gratifying results reported by Crain are of unusual interest. Under the administration of adrenal gland patient was progressively benefited. The edema slowly disappeared, the size of the thyroid was reduced, the mental condition was improved and with the exception of the exophthalmos, all the other symptoms — tachycardia, muscular tremor and thyroid tumor — disappeared with a promptness that surprised us. The usual dose of adrenal substance is one grain three times a day; it may be cautiously increased to two grains to a dose.

#### Grippal Pneumonia.

Dr. Cabrera, in a paper in the *Semana Medica*, Buenos Aires, comments on the prevalence of pneumonia in children at Buenos Aires and the frequency of cerebral symptoms, delirium and paresis. In one case a child of 3 had twelve days of fever, diarrhea, cough and great prostration with signs of pneumonia and in the throat the "grippal arch and papules, Ortiz' sign." Brought to the hospital in this stage the child was somnolent, and both arms and legs were as if paralyzed. The head sagged on the thorax when the child was raised to a sitting position. The tendon reflexes were attenuated but there was no paralysis of the respiratory muscles nor of the velum. The twenty-first day after the first symptoms the fever dropped and improvement progressed to complete recovery.

#### Rapid Development of Gall-Stones after Typhoid.

Dr. Ballarin's patient was a girl of sixteen who had typhoid with the six other previously healthy members of the family. The temperature did not return quite to normal for a month after the main typhoid symptoms had subsided. During this convalescent period she had several attacks of gall-stone colic and passed two concretions. Typhoid bacilli were cultivated from the center of each, but none was found in the stools during or after convalescence. The gall-stones were of pure cholesterolin, pigmented in the center.

#### Ampullar Pregnancy.

Dr. S. Wiener, at a meeting of the New York Academy of Medicine, presented the report of this case:

He stated that the patient was 26 years of age, married five years, the mother of three children, the last born one year ago. Menstruation began at the age of 14 years and was of the four-week type lasting from six to seven days and painful. Seven weeks ago the patient had had a normal menstrual period, but instead of stopping there had been spotting for four weeks. She had suffered only slight pain. She had been curetted four weeks ago but continued to flow. She had had some pain



in the left side for two weeks after the curettage, but this had subsided. She had never had chills or fever. The bowels and urination were normal. Physical examination showed the pulse 88 and temperature 100° F. The abdomen was soft, the uterus slightly enlarged, and a small soft mass to the left of the uterus. A diagnosis of ectopic gestation was made. At operation, twenty-four hours after admission to the hospital, the uterus was first explored and found empty. An anterior vaginal celiotomy was done, the left tube and ovary being delivered into the vagina and resected. The tube was adherent at its fimbriated end to the wall of the pelvis and contained a small ampullar pregnancy. The ovary was the site of a cyst the size of a large plum. This was ruptured in delivery. The right adnexa were normal. The wound was closed without drainage and recovery was uneventful.

#### Pregnancy in Horn of a Uterus Bicornis.

Dr. F. Maceabruni, in *Am. di ost. e gin.*, gives the history of an interesting case of pregnancy in the rudimentary horn of a uterus bicornis, in which the operation for a supposed extra-uterine pregnancy showed a ruptured uterine horn. The removal of the fetus of four months and the rudimentary horn of the uterus was followed by recovery. The specimen removed was studied microscopically with a view to ascertaining what changes took place during pregnancy. The conclusions as a result of this examination are these: In the rudimentary pregnant horn were seen special elements which appeared to be fibrocytes of a new formation among the muscular elements. The endothelium of the blood-vessels had taken on a decidua reaction. There was a direct communication between the maternal blood vessels and the intervillous spaces. The unstriated muscle fibers assisted in the formation of the decidua. In the rupture of such a horn, mechanical factors are primarily responsible, the villous infiltration secondarily. The diagnosis of pregnancy in a rudimentary horn of a bicornate uterus is not easy, and the data generally given to assist in such a diagnosis are useless.

#### Ischiorectal Abscess in an Infant.

Dr. A. J. Zobel, of San Francisco, in the *Protologist*, says: I wish to put on record an interesting case of ischiorectal abscess in an infant. It was in a child of nine days. I saw it on the twelfth day, and not having had any experience with abscesses in a child of that age, I was a bit doubtful at first as to my diagnosis although there were external signs of it being an ischiorectal abscess. I introduced my finger into the rectum and the tissue of the buttock felt remarkably hard. I had heard more about neoplasm occurring in such young children than abscesses, so I waited until in twelve hours I felt sure that it was an abscess. I then made a T incision, opened it up freely, evacuated the contents, and within seven days it was practically healed. It is remarkable how rapidly an abscess of this kind, in a child, will heal. This is perhaps due to the fact that the tissues grow very rapidly at such an early period of life. We are more accustomed, however, to the longer time it takes, in adults, for an ischiorectal abscess to heal.

Dr. Hirschman, of Detroit, reported a case of vagino-rectal abscess in a baby ten days old. This abscess was of considerable size for a youngster of that age. I was also struck with the rapidity of healing, for the abscess had distended the labia to the utmost, extended down into the sphincter, and up into the right ischio-rectal space. After opening it through the sphincter, it healed up in an almost unbelievably short space of time with no injury to the sphincter, no lack of control and no trouble at all.

#### Cancer Removed from Orbit Without Destruction of Eyeball.

Dr. Halben, in Berlin, *Klin. Woch.*, gives an illustrated description of a case in which he removed a fibrosarcoma, 3.5 by 4 cm. in size, from the orbit. The growth was easily shelled out and the eyeball replaced. Vision has improved since until the man can count fingers at 25 cm. This is the second case in which Halben has operated in this way, but in the other case vision had long been lost in the eye involved.

#### Chorio-Epithelioma.

Reported by Drs. Loving, Pierce and Black at a meeting of the Dallas County, Texas, Medical Society, as given in the *Texas State Medical Journal*, May, 1915: Mrs. D., age 20; family history negative. A year and a half ago she had whooping cough and aborted. Afterward she gradually developed a bloody, foul discharge from the uterus which became constant and profuse. Six months ago she developed another cough. Expectoration was abundant, dark color, foul smelling and contained tubercle bacilli. The patient was treated in the County Tuberculosis Hospital. Physical examination showed dullness over both lungs, almost like consolidation, with some rales. A cavity was located in the lower part of the right lung. The uterus was curetted and the tissues examined, showing epithelioma. The patient died a month after entering the hospital. Post mortem by Dr. Black disclosed chorio-epithelioma invading all the uterus, and large metastatic foci over all the left lung. The right lung was occupied over all its extent with tuberculous processes, and there was a large cavity in the lower lobe.

Dr. F. A. Pierce, in discussing the chorio-epithelioma, could not say of how long duration it was, but thought this type of cancer very malignant, usually being fatal in about six months. The theory explaining their malignancy, he stated, was that the protection of the decidua being removed, the syncytial cell penetrates the tissues with great rapidity, eroding the blood vessels and being carried to other parts, where they become metastatic tumors. Dr. J. H. Black exhibited the lungs and uterus as found.

#### Osteitis Fibrosa.

Dr. J. Van Zivaluwenburg reports this case in the *Michigan State Medical Journal*.

The author describes a boy, fourteen years old, complaining of deep-seated pain in the hips. With this there developed a peculiar waddling gait and a deformity causing a forward and outward bending of the femora and

an apparent shortening. The boy met with an accident, supposed to be a fracture, and the X-rays thereupon taken were interpreted as those of a case of osteitis fibrosa. The radiograms revealed sharply circumscribed areas of diminished opacity usually longitudinally striated, but without involvement of the periosteum or the formation of distinct bony shells about them. The diaphyses of the long bones of the lower extremity are the sites of election.

From inflammatory diseases of the bone, viz.: osteomyelitis, tuberculosis and syphilis, it is distinguished by the absence of any evidence of secondary reaction in the neighboring tissue. From rickets it is distinguished by the absence of the characteristic changes in the epiphyses. Multiple metastatic sarcoma may give very similar pictures, but the striations are absent. Sarcomata rarely occur as multiple lesions, show an early tendency toward rupture through the bony cortex, and frequently show bony spicules as slender striations radially arranged from the point of primary growth. To the uninitiated the condition presents many difficulties, and many cases have been subjected to curettage under the suspicion of an osteomyelitis or have undergone amputation for sarcoma.

## Abstracts from Medical Journals.

**Hot Water Injections in Goiter.**—The treatment of goiter by the injection of hot water has been followed by very good results when a proper selection of cases has been made; not all cases are suitable for this kind of treatment. Hot water injections should not be used in the ordinary large nontoxic goiter; these cases are best treated by removal. The method is particularly applicable to toxic goiters—to the small toxic goiters with not very severe symptoms, and to the larger toxic goiters with severe symptoms, so severe as to make the operative risk very great. These cases may often be improved by injections of boiling water, so that they become good operative risks. In some cases in which operation has been performed and a portion of the gland removed, but in which complete subsidence of symptoms has not taken place—evidence of hyperthyroidism still remaining after recovery from the operation and proper rest and treatment—if the remaining portion of the gland is injected with boiling water, its function may be still further reduced and complete recovery result. An excellent article on the subject by Dr. Miles F. Porter, giving technic and showing what can be accomplished with the method, may be found in *Surgery, Gynecology and Obstetrics*, January, 1915, A. M. A. Jour.

### Serum Treatment of Goiter.

Dr. Rachel Watkins, Chicago, in a paper published in the *Illinois Med. Jour.* December, details four cases treated and says:

The medical treatment consists of the administration of a blood serum derived from a thyroidized goat. Formula: Iodine 0.16 grams, oil 0.25 c.c., serum q.s. 1 c.c. Dose: 1 to 4 c.c. The serum is injected warm within the capsule of the thyroid gland, the frequency of the injections depending upon the physical findings—

may be from two to six weeks, or, in some cases, even longer intervals may be advisable. The site of injection, always within the gland, but governed by the outlines of the lobes or isthmus. In cases of cystic degeneration with liquefaction of the gland, the cysts are drained before the serum is injected. \* \* \* \*

From my experience with this form of treatment, I feel justified in assuming that a specific immunizing agent against pathological thyroid secretion exists, the exact nature of which we cannot fully explain; that thyroid diseases, however, manifested (as to tumor, etc.), are of common origin, and susceptible to a single agency for eradication; that this agency is biological in its essential qualities and is as yet only superficially understood. Although we have had the satisfaction of seeing beneficial results follow in the wake of the serum, we are at present not quite in the light of full knowledge as to the precise principles of standardization, technique of administration and lasting results, a future article on these points being contemplated.

In the 90 cases treated during the past year, we are not ready to report on the permanency but thus far there has been no recurrence of any case.

In at least 78 per cent. of all cases examined there is enlargement of the heart.

In 90 per cent. of the cases with muscular weakness, of the non-striated as well as of the striated muscles, as manifested by exophthalmia, gastric dilatation, enteroptosis, and prolapsus of the uterus and its adnexa, as well as the weakness of knees and shoulders, this has been corrected by the treatment in from one to four months.

In 90 per cent. of colloidal goiters with no degenerative changes, the gland reduced to normal size in two to five months.

In 50 per cent. of the cases showing fibrous and cystic degeneration of long-standing, the decrease in size has been from one-half to three-quarters in from four to six months, or reduction to point of foreign tissue. In a few cystic cases the goiter has disappeared completely in six months. Many of the cases are still under treatment, but in 90 per cent. of cases that have been under observation for six months the systemic symptoms have been relieved and the goiter has disappeared completely or in part.

**The Management of Respiratory Inflammations.**—The Medical Council (November 1915) presents the following don'ts in the treatment of upper respiratory inflammations. Don't debilitate the patient with a lot of depressing antipyretics. Don't "dope" him with a heavy dosage of the usual unscientific coryza formulae. Don't tie up his secretions. Don't derange his stomach with so-called cough syrups. Don't forget to look out for diphtheria or one of the exanthems. Don't forget prophylactic inoculation of all exposed persons in such cases as result in diphtheria. Don't forget to isolate any suspicious case; the face getting pale or ashy and the lips losing color may be sufficient sign of impending danger. Don't allow an oil stove in the patient's room. Don't oppress the chest with unduly heavy applications. Don't forget to watch the case for any impending complications. Don't forget that oil sprays are less apt to lead to extension of pur-



ulent inflammation than are aqueous ones. Don't forget that atropine is contraindicated when secretion is viscid or tenacious, ammonium chloride then being indicated. Don't neglect a culture in cases where diagnosis is uncertain. Don't forget that iced compresses to the throat do a world of good. Don't forget to give plenty of water. Don't allow food which is hard to swallow. Don't forget the salicylate is of marked value when articular symptoms begin, when follicular tonsillitis seems impending, and in many cases fever; give enough to bring results, but water the heart. Don't call everything "grippe." Don't forget to keep the nasal passages free especially in children. Before leaving case, don't forget to analyze the urine if any suspicion of renal involvement. Don't allow marked dryness of air in patient's room. Don't allow patient to talk much. Don't overdo expectorants, especially in acute stage. If the case becomes chronic, especially in bronchitis, don't give narcotics, especially if it can be avoided.

### Epidemic Septic Sore Throat.

Any physician who has had occasion to treat a case of septic sore throat will admit the seriousness of the condition and recognize the gravity of the complications which may develop. Unfortunately the treatment is of little effect and therefore the greatest stress must be laid on the prophylaxis. Krumwiede and Valentine were able to study an epidemic of two hundred and thirty-two cases and traced the source of the infection to the milk supply (*Jour. Med. Research*, 1915, XXXIII, 231). On further search they found that the beginning of the trouble was the appearance of a sore throat in one of the persons at the dairy and that from this person it spread to a milker and from him to the cow. Streptococci isolated from one cow showed cultural characteristics identical with those isolated from patients although the cow gave no evidence of mastitis. On the other hand one cow in the herd which obviously had a mastitis, showed a streptococcus which was different and which probably had no relation to the epidemic. They showed that the use of poured blood agar plates is quite essential for the recognition of hemolytic streptococci which are characteristic of the disease. This is strong confirmatory evidence, were it needed, that such milk-borne epidemics are primarily of human origin and that careful supervision of the personnel of the dairy is all-important. At the same time it emphasizes one of the dangers against which the inhabitants of this city are protected by the Health Department's regulation demanding the pasteurization of the milk supply.

The prophylaxis of cancer is exceedingly important. Let us say to the public: "Go to your physician at once on the discovery of any sign or symptom of irritation about warts, moles and benign tumors, or ulcerations, chronic inflammatory processes or injuries however slight, which fail to heal promptly." When the laity understood that all sources of irritation carry with them a deadly significance, the prevention of cancer will have been greatly advanced and the percentage of curable cases which come to the only known cure—operation—will be enormously increased.—Dr. W. J. Mayo.

## County Medical Societies' Reports

### ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The county society held a regular scientific and business meeting on Thursday, March 16th in the rooms of the Board of Trade, Newark. The following four new members were elected: Drs. Edvige N. Dragonetti (Miss), and David A. Stern, of Newark; Dr. F. B. Mitchell, East Orange; Dr. H. C. Cassini, Orange.

The scientific paper of the evening was on "Stepping Stones and Stumbling Blocks," by Dr. J. Chalmers DaCosta, Professor of Surgery at Jefferson Medical College. It was a paper of rare excellence and brimfull of instruction on things technical and ethical, brightened by humorous allusions and experiences which kept his hearers constantly amused or applauding. The doctor promised a copy of the paper for publication in our State Journal.

The Essex County Anatomical and Pathological Society met Thursday, March 9th, presenting the following program:

Demonstration of cases and specimens: 1. Staphylococcus Sepsis following Vincent's Angina, Autopsy, Drs. Harden, Orton and Gray; 2. Gastric Ulcer, death from hemorrhage, Drs. Hagerty and Gray; 3. Melanotic Sarcoma of Heel, Drs. Edgar III and Gray.

From Pathologic Laboratory of Eye and Ear Infirmary, demonstration of specimens: 1. Epithelioma of Esophagus; 2. Cyst of Cerebellum with Secondary Hypo-Pituitarism; 3. Tracheal Stenosis due to Tuberculous Glands, Drs. Eagleton, Sutton and Martland.

From Pathologic Laboratory of City Hospital: 1. Anthrax, Drs. Sutphen and Wallhauser; 2. Unusual Lesions of Appendix, (a) Carcinoma, (b) Tuberculosis, (c) Diverticulum, Dr. Casilli; 3. Autopsy Cases and Specimens, Dr. Mikels; 4. Histopathology of Granulomata with special reference to Leucocytozoon of Syphilis, Dr. Martland.

Paper—Histopathology of Neuro-fibrositis, Dr. Beling.

The paper on "Fibrositis" presented the new view of rheumatism, as judged from a pathological point of view, and revealed that even if the old name is too deeply grounded in medical language to be ruthlessly thrown out as inexact and meaningless, yet progress in essential knowledge has been such recently that rational, in place of empirical, therapeutics may yet rule.

The Section on Medicine of the Academy of Medicine met Tuesday, March 14th. Clinical cases were presented by Drs. Keppler, Horsford and Conlon.

The Pediatric Section met Wednesday, March 1st, offering the following program: Pericarditis with Patient and X-ray Plates, by Dr. Arthur Stern; Bone Graft for Potts Disease of Spine, Bone Pin Graft in Infantile Club Foot, Astragalectomy and Muscle Transplantation in Infantile Club Foot, by Dr. Robert E. Soule; Meningitis, by Dr. E. W. Murray; Aphepsia, Creatinism, by Dr. O. A. Mockridge.

The stated meeting of the month, Wednesday, March 15th, was addressed by Dr. Robert

T. Morris, of New York, who took for his title "Microbes and Human Nature," as a text for his suggested theory of temperament in human beings, believing its explanation is in the microbic infection present in each case; i. e., certain germs, as streptococcus viridans for example, have a given kind of effect which makes all so infected similar enough to be grouped as alike, and, if we go a little farther, we shall—why not?—be able to diagnose from our neighbors' temperaments what their infection is.

The Section on Gynecology met Thursday, March 23rd, giving a Symposium on Non-Operative Gynecology: (a) Medicine in Gynecology, by Dr. Sarah Mead; (b) Office Treatments, by Dr. Edward J. Ill; (c) Indications For and Use of Pessaries, by Dr. Victor Parsonnet; (d) Roentgen Treatment of Uterine Fibroids, by Dr. Erwin Reissman; general discussion.

The Section on Eye, Ear, Nose and Throat met February 28 with the following program:

Report of cases: An odd case of paralysis of the external ocular muscles, by Dr. Wallace Pyle; Erythema Nodosa with involvement of the Conjunctiva, by Dr. Wells P. Eagleton; Double Pterygium with marked reduction of Vision, by Dr. Linn Emerson.

Paper on The Use of Bone and Cartilage Transplants in Rhinological Surgery, illustrated by lantern slides, by Dr. William W. Carter, New York City.

Also on March 27; program: Report of cases: An odd case of paralysis of the external ocular muscles, by Dr. Wallace Pyle; Erythema Nodosa with involvement of the Conjunctiva; also a case demonstrating the vestibular reaction in Tumor of the Cerebellum, by Dr. Wells P. Eagleton; a case of Irido-choroiditis from dental infection, by Dr. Elbert S. Sherman; "Cysts of the upper jaw and their relation to the nose and antrum," two cases, by Dr. John L. Courier.

Paper on Some Trials and Triumphs in Rhino-Laryngology, by Dr. Henry B. Orton.

The William Pierson Medical Library Association, Orange, on February 15th welcomed Dr. James W. Markoe, who spoke on "Surgical Obstetrics." On March 14th, Dr. Edward P. Davis addressed them on "The General Practitioner and Obstetrical Surgery."

#### HUDSON COUNTY.

William Freile, M. D., Reporter.

The regular monthly meeting of the Hudson County Medical Society was held on March 7th, 1916, at the Carteret Club, Jersey City.

Dr. George E. McLaughlin reported that the lantern which he had been instructed to purchase was on hand, and he expected it would be in working order at the next meeting.

Dr. F. D. Gray, chairman of the dinner committee, reported that the remittances for the banquet had squared up that deficit.

As chairman of the Legislative Committee, Dr. F. D. Gray stated that the Osteopathic bill passed the Assembly by a large majority. It has yet to come up before the Senate, where it may be defeated. Dr. Gray received a letter from Dr. H. H. Brinkerhoff, calling his attention to Senate Bill No. 74. If this bill passes it will interfere with the medical in-

spectors of schools as the mandatory clause "shall" has been taken out and substitution made by "may." The State Board of Health is opposed to this measure. Dr. F. D. Gray moved that the following resolution be adopted.

Whereas, The Hudson County Medical Society recognizes the extreme value of medical inspection of schools, and,

Whereas Senate Bill No. 74 if it becomes a law, may interfere with such inspection, therefore,

Be It Resolved, That we protest against the passage of said bill.

The resolution was unanimously carried.

Dr. Gray stated that the Publicity Committee were somewhat discouraged, as they found so little willingness on the part of the papers in the county to publish the articles submitted.

Dr. G. E. McLaughlin submitted the following amendment to the by-laws:

The President, Vice-President and Secretary of this Society, shall act as a committee of Necrology, and this Committee is hereby empowered, and it is so ordered that in the event of the death of a member of this Society, they shall send to the family of deceased, suitable flowers and resolutions.

The proposal of Dr. James A. Wheeler, 291 Academy street, Jersey City, for membership was referred to the censors. Dr. Walter D. Webber, 305 Oak street, West Hoboken, was elected a member of the society.

Among interesting cases, Dr. T. R. Chambers stated the case of a patient with eye retraction, which he had tried his best to correct, and had nearly succeeded, when the patient said it was no use, he had to have his appendix removed. This was done, and patient improved.

Dr. Henry Spence had a man inform him that he had operated upon his son some three years ago for appendicitis, and he said that he had a very interesting little object that "passed from his son's bowels, a little screen with threads on the outside." This was probably an intubation tube. The doctor did not know how the case was going to turn out.

Dr. S. A. Cosgrove submitted a kidney and liver to Dr. McLaughlin for examination and Dr. McLaughlin found marked extensive changes in both—infiltration of small round cells, and marked diffuse nephritis of kidney. These changes were due to poison of eclampsia.

A case of acne vulgaris treated by Dr. Riha with autogenous vaccines showed brilliant results, while he had noticed fifty per cent. failures with stock vaccines. Another case where the laboratory showed malaria of double quotidian type, cleared up under quinine.

Dr. S. R. Woodruff submitted another case of surgical kidney, where stone was found in both kidneys. Did pyelotomy on one kidney, and removed the other.

Dr. G. K. Dickinson had a patient who complained of severe dragging pain on left side lying down, but no pain on standing. Examination disclosed constriction at sigmoid, and at operation found tip of appendix attached to sigmoid.

Dr. W. H. Axford recalled a case like the above. Found the colon drawn over almost to



the medium line, and attached to something—probably omentum.

Dr. Von Der Lieth, of the County Board of Health gave a very interesting and instructive talk on "Laboratory Findings." This was followed by the paper of the evening, read by Dr. G. K. Dickinson, entitled "Anaesthesia." This paper and discussion will be published in a subsequent issue of the Journal.

#### MERCER COUNTY.

Irvine F. P. Turner, M. D., Reporter.

The meeting of the Mercer County Medical Society was held at the City Hall, Trenton, on Tuesday evening, March 7th, at 8.30 P. M. Dr. H. D. Bellis in the chair.

Those present were Drs. Bellis, Lalor, Taylor, Moore, Dewey, Hawke, Yazuzian, Schoening, Douress, Sicca, Blackwell and Turner. Two papers were read and discussed. "Nose Bleeding," by Dr. Turner; "When to Remove the Tonsil," by Dr. Blackwell; these papers proved very interesting and were well received.

#### MIDDLESEX COUNTY.

Frederick L. Brown, M. D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held March 15 at Wells Memorial Hospital, New Brunswick, Dr. F. M. Donohue presiding. Present: Drs. Donohue, English, Hoffman, Howley, Brown, Scott, Gruessner, Sullivan, Saulsberry, Smith, Merrill.

Drs. W. S. Bull, Cranbury, and M. F. Urbanski, Perth Amboy, were elected members.

Dr. English of the Centennial Committee, reported progress, stating that arrangements were being made for its celebration as near the date of organization as possible.

On motion, consisting of Drs. Gruessner, Smith, Henry, Saulsberry and Voorhees, to consider and report on contract practice.

On motion, by unanimous vote, Drs. A. L. Smith and F. L. Brown were appointed a committee to draft and forward to the Senator and Assemblymen of Middlesex County, a resolution disapproving of the proposed law to give the osteopaths a separate board of medical examiners.

Drs. Smith and Hoffman reported some interesting cases of Vincent's angina. Cases were also reported by Drs. Voorhees and Saulsberry.

#### MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The regular meeting of the Morris County Medical Society was held in St. Peter's Parish House, Morristown, N. J., on the evening of March 14th, 1916. All the officers and a large number of members were present. Among the visitors present were Dr. T. N. Gray, secretary of the State Society, and Drs. Oram and Tours, of Paterson.

Dr. Kice, the secretary, showed a patient who had suffered from exophthalmic goitre and upon whom Dr. McCoy, of Paterson, operated with marked relief of all symptoms.

Dr. J. C. McCoy stated that the patient was very nervous when he saw her, had marked tremors, severe blushing and amenorrhea, blood pressure of 150, a pulse rate of 120 and the pulse was intermittent. The operation was

of a conservative nature because of the poor physical condition of the patient. It consisted of the ligation of the right superior thyroid artery and the injection of 20 c.c. of boiling water. A few weeks later the left artery was ligated and a further 20 c.c. injected. While there was a slight reaction after each operation, relief was prompt and about ten months after these procedures nearly all the symptoms were absent—no tremors, no blushing, menstruation was regular and fairly profuse, the enlargement of the gland had disappeared and the patient had gained 30 pounds in weight and had a regular pulse of 80.

The discussion was taken part in by Drs. Evans, Gray, Beling, Vaughan, Glazebrook and Horn, who reported cases and cited the various theories as to the causes of exophthalmic goitre, one that was often present being psychic shock, generally of a sexual character.

Dr. C. C. Beling addressed the society on "Neuromuscular Disorders," illustrating his paper by lantern slides. He showed that many conditions formerly spoken of as rheumatic lumbago, sciatica, etc., were often due to hardening in the muscles or tendons or to impingement on nerves.

Frequent sites of these were in the aponeurosis of the occipitofrontalis near the exit of the ophthalmic branch of the trigeminus; near the exits of the nerves from the cervical vertebrae about the sternoclavicular articulation where the obturator nerve passed the sartorius muscle and in the leg and forearm. Pressure at any of these points would be followed by a good deal of pain which might be referred elsewhere so that those seeking relief often complained of pain at a distance from the place at which treatment was of benefit.

The cases might be divided into three classes based on the causative factors which were either toxic, muscular and mechanical or static. In the toxic cases there was a focus of infection. Elsewhere in the body in the muscular a muscle was acting too strongly and drawing parts of the body out of their natural position. In the static the blood supply was interfered with which either did not allow sufficient blood to enter or leave the muscle.

Treatment consisted of rest, heat and various forms of massage and movement together with electrical measures, the principal one of which was the sinusoidal current.

The discussion was general and several of those present spoke of the benefits obtained by some chronic patients where the condition was found to be due to causes described and treatment given along these lines. The statement being made that if the regular profession knew even a little along these lines there would be many less irregular practitioners, osteopaths and chiropractors, etc. The need of proper oral hygiene to prevent systemic infection was also dwelt upon.

Dr. Beling who had been asked to describe the benefits obtained by osteopaths said these were produced in two ways: the one by stimulation of various parts due to successive relaxation and contraction of the blood vessels which allowed a thorough washing out by the increase of blood entering and leaving the parts; the other by correcting actual distortion of parts due to unequal muscular action,

X-rays showing that the spinal vertebrae were actually out of alignment. Many cases were due to other infections besides those from teeth, including those due to tonsillar infections and diseased ears.

The next meeting, to be held in June, will be the centennial meeting of the society.

### PASSAIC COUNTY.

William Veenstra, M. D., Reporter.

The regular meeting of the Passaic County Medical Society was held Tuesday, March 14, in the Braun Building. Dr. B. H. Rogers presided. Owing to the inclement weather, there were but seventeen members present.

Dr. D. Shapiro and Dr. H. W. Wellington, of Paterson, were guests of the society.

Action on the application of Dr. Mills for membership was postponed until next month.

Dr. T. J. E. Holmes, of Paterson, and Dr. A. Machlin, of Passaic, were reinstated to the membership by the necessary vote of the society.

Dr. J. S. Yates was to have read a paper but he postponed the reading of it till next month.

The legislative committee reported that they are still active and that at the present time are trying two offenders who have violated the medical practice act.

The application of Dr. T. V. Connolly for membership was received and referred to the Board of Censors.

## Local Medical Societies.

### Bayonne Medical Society.

Morris Frank, M. D., Reporter.

The Bayonne Medical Society held their regular monthly meeting on February 16, 1916, at the Elks' Club House with Dr. Louis Deary presiding. After the regular business was disposed of, the literary portion of the meeting was taken up, beginning with reports of interesting cases.

Dr. W. W. Brooke—Man who had secondary syphilis developed a streptococcal sore throat and erysipelas. Nine days later he got a sudden, severe epistaxis. He packed the nose with gauze and gave the man horse serum and anti-syphilitic treatment. In a few days the epistaxis was cured entirely.

Dr. W. H. Axford—A man was shot in the head in the upper part of the parietal bone. The ball was shattered in 12 to 15 pieces, which became imbedded in the brain and in the opposite mastoid bone. Twelve hours later the man was still able to answer questions. A few hours after that, the man became unconscious. A decompression operation was done, but the man died three days later from meningitis.

Dr. A. C. Forman—Reported at a former meeting the case of a 2½ years child who had syphilitic manifestations around the anus. Since then he has seen five cases of children with syphilis. Two of them died about two weeks after birth. They all had blebs around the body and neck. All these children but one were delivered by the same midwife. This midwife is apparently free from lues. Two of the mothers gave positive reactions.

Dr. M. Shapiro—One of Dr. Forman's cases was seen by him and it had a discharge from the nose, a macular rash, inflamed eyes and tertiary lesions about the anus. On tracing family history, there was found a positive syphilitic history.

Dr. G. H. Sexsmith—A boy of 14 told his parents that he was "bolted." On questioning him, it was found that a man had lured him into a hallway and committed sodomy upon him. Examination of the anus showed an excoriated anus with a nasty offensive discharge. Proctoscopic examination showed ulcers of the rectum.

Dr. Sexsmith then gave a ten-minute talk on intestinal stasis.

Dr. P. F. Stevens followed with a very interesting paper on "Embolism." This paper was discussed by Drs. Myers, Axford, Hunt, Sexsmith, Frank and Brooke.

### DR CORWIN HONORED.

On March 2, 1916, the Bayonne physicians gave a testimonial dinner to Dr. Fred M. Corwin in honor of the thirty-fifth anniversary of his being in practice. The dinner was held at the Newark Bay Club House. Dr. J. G. L. Borgmeyer acted as toastmaster. The guest of honor received many letters and telegrams of congratulations. Among them were letters from Dr. Chandler, president of the State Society; Dr. Sexsmith in behalf of the County Medical Society; from the Bayonne Medical Association; from the Board of Education, of which he is an official; from the Bayonne Pharmaceutical Association, and from a number of personal friends. The Bayonne Hospital Board of Directors; the Medical Board of the Bayonne Hospital and the medical staff of the Bayonne Hospital also sent him congratulatory letters. He received a beautiful bouquet of carnations from the graduate nurses of the Bayonne Hospital.

After the dinner, each guest made a few remarks congratulating the honored guest and told of personal dealings with him and also lauded his personal character and his honesty and efficiency as a physician and also his official work as school physician. Many thanked him for his support in their work and the inspiration he gave to all.

Dr. Corwin was greatly moved and pleased at the reception he got. After Dr. Borgmeyer presented him with a beautiful easy chair, upholstered with green Russian leather in behalf of the guests present, he arose to reply. He said that the different things said about him by the guests reminded him of an old ducky who heard several lawyers arguing a case. After the lawyers finished their arguments, the ducky said that if all of them told the truth what liars they must all be. He said that it was kind of melancholy to think that a man gets old, but on occasion like the present one repays all. On March 8, 1881, he received his medical diploma. He said it was a great thing to live in a town for 35 years. It was hard for him to say all the things he would like to say. After hearing so many say what he had done for them, he wondered what could have happened to these men if he were not in town. When he first came to Bayonne, it was like the town that David Harum lived



in. The motto of the medical men was "Do the other fellow or he would do you, but do it first." He came from New York and the men in Bayonne were not open hearted. Later they became more tolerant and they received him as a sort of friend. When the Bayonne Hospital was organized, the men became more united. In 1894, Dr. Payn died and he became president of the hospital staff and has remained so since. When the Bayonne Medical Society was organized the men were brought together still closer. If anything had been accomplished by his efforts to bring the medical profession of Bayonne together, his work had not been in vain. Since he has been in town, he had imbued with the desire to bring about good fellowship among the men. He said that he felt flattered that he has been called both progressive and conservative. He believed in the old adage of "old men for council, and young men for work." There is consolation in the fact that old age has been a success, if the individual has done some good for the community. He thanked the guests for their splendid testimonial.

Those present were Drs. Corwin, Borgmeyer, Brooke, Larkey, Donohoe, Sexsmith, Woodruff, Connelly, Thum, Daly, Klein, Riha, Lupin, Cook, Pinkerton, Nalitt, Forman, Stevens, Weiss, Shapiro, Frank, Magner, Adler, Myers and Hunt. The dinner committee was composed of Drs. Borgmeyer, Brooke and Larkey.

#### Association of Physicians of the Hudson County Tuberculosis Clinics.

B. S. Pollak, M. D., Secretary.

The nineteenth regular meeting of the Association of Attending Physicians of the Hudson County Tuberculosis Clinics, was held on Monday, February 14th, 1916, in the medical room of the Jersey City Free Public Library. Dr. Harold W. Brown presided.

There were present, Drs. A. E. Jaffin, A. W. Little, Donald Miner, H. J. Spalding, R. H. Ballinger, A. A. Mutter, B. S. Pollak, Harold W. Brown.

Misses Ida M. Shute, Emma L. Allen, Sadie S. Summers, Lucy Rider, Nellie McHugh, Sadie Fitzgerald, Estelle McCormack, Helen R. Sledge, Nellie O'Brien, Rose Doherty, Theresa Monahan, Louise Shepherd, Sophie Benn, Catherine B. Madden, Charlotte Witt.

The minutes of the last regular meeting were read, and upon motion, approved.

The paper of the evening was read by Dr. Harold W. Brown; his subject being, "What Our Future Work in Tuberculosis Should Be," which was discussed by Drs. B. S. Pollak, A. E. Jaffin and A. W. Little.

Owing to the poor attendance, the election of officers was laid over until the next monthly meeting of the association, which will be held on Monday, March 13, 1916, at which time Dr. Ellis Bonime, of the Poli-Clinic Hospital, will read a paper entitled, "The Immune Response in Pulmonary Tuberculosis, and Its Value in Treatment."

#### Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club met on the evening of February 24, 1916, at the Parish House of St. Peter's Church Morristown, as the

guest of Dr. E. D. Dean. Dr. H. A. Henriques presided.

Most of the members were present and among the guests were Drs. Lawrence, Lamson, Keeney and O'Reilly of Summit; Allaben, Morristown; Costello, Dover; and Jaquith of Chatham.

The speaker of the evening was Dr. Arthur F. Holding, of New York City, who read a paper on the "Ameliorative Effects of Radio Active Substances on Malignant Tumors." The doctor said that in many patients epitheliomas could be cured by X-rays or radium with better cosmetic results than could be hoped for by other methods. Other malignant tumors were helped to a marked degree. Radio active substances were most used at present in inoperable cases or following operation, but as yet no machine had been made sufficiently powerful to produce the X-rays required. It is necessary with the methods used to filter out the alpha and beta rays which burned the skin and this was done for X-rays with aluminum and for radium by means of lead or platinum. At present the emanations from radium were employed rather than the radium itself, and these emanations, contained in capsules, were found very satisfactory and by using a number of capsules arranged in different ways any surface could be covered and treated by an applicator of any size or shape. A good deal of the work being done at present was combined with surgical measures. The use of X-rays after operation diminished pain and made a recurrence less likely. In fact when the chest was treated after operations on the breast, the tendency was if there were a recurrence it would be on the other breast and it was felt that both sides must be treated with X-rays in the future. The use of X-rays during operation as was done by some surgeons was not thought necessary. The results obtained in cases that progressed favorably, those that were relieved and afterwards relapsed, and those little if any benefited, were shown by lantern slides and the case histories were given.

Discussion was general, the surgeons present saying that they were not at all sure that cancer was a disease that should be operated upon, but as yet it seemed the best method we had, but X-ray treatment afterwards was a distinct benefit in every way.

A dainty collation was served by the hostess.

#### Practitioners' Society of Eastern Monmouth.

Stanley H. Nichols, Secretary.

The regular meeting of the Practitioners' Society of Eastern Monmouth was held at the Monmouth Memorial Hospital, Long Branch, on the evening of February 10, 1916.

After the roll call and minutes, Dr. W. W. Beveridge, of Asbury Park, read a very interesting paper on "Diabetes." He discussed the newer theories that recent research has evolved as to the causation of the disease, particularly the relation of the ductless glands and sympathetic system and the part played by proteid overingestion. He summarized the recent experimental work of the Rockefeller Institute Research workers, particularly as to the dropping of the carbohydrate-free diet, the testing of the duodenal juices, the tolerance of various foods, the ingestion regularly of the tolerance limit in calories, the instruction of

the patient, the fasting one day in seven to rest the pancreas, the forced exercise, the infrequent use of drugs and the results so far obtained.

The subject was discussed by Drs. Wainbright, of Manasquan; Drs. W. K. Campbell, R. B. Wilson, R. S. Bennett, Leo Baker, H. E. Shaw.

Under case reports Dr. Edwin Field reported an operation for removal of a cancer of the ileum which proved to be a melanotic form, rare in this part of the intestine.

Dr. H. B. Slocum reported a case of erythema nodosum.

A vote of thanks was given Dr. Beveridge for his instructive paper.

The society then adjourned and enjoyed a social hour in the banquet hall.

## Other Societies' Reports.

### New Jersey Sanitary Association.

The 41st annual meeting of this association was held in the Laurel-in-the-Pines Hotel, Lakewood, December 3 and 4, 1915. It was called to order by Hon. C. J. Fisk, chairman of the Executive Council, after a brief address. Clyde Potts, C. E., of Morristown, president, then occupied the chair. He delivered an able address. The paper presented were: "A Year of Activated Sludge," by W. T. Carpenter, Brooklyn, N. Y.; "Small Sewage Treatment Plants," Leslie C. Frank, sanitary engineer U. S. Public Health Service, Washington, D. C.; "Soap," by Dr. Gordon K. Dickinson, Jersey City; "The U. S. Public Health Service and the Shellfish Problem," by Surgeon H. S. Cumming, Washington, D. C.; "Hygiene and Sanitation," by H. W. Foster, superintendent public schools, South Orange; "The New State Department of Health—Its Scope and Aims," by President W. H. Chew, of the State Department; "Foot and Mouth Disease," by Charles McNabb, chief inspector N. J. Commission on Tuberculosis in Animals; "The Practice of Hygiene and Sanitation in Business," by Dr. C. W. Crankshaw, of Newark, N. J.

Among the many prominent men taking part in the discussions were Civil Engineers G. W. Fuller and M. N. Baker, New York; Rudolph Hering and C. G. Wigley, of New Jersey; Drs. F. D. Gray, G. K. Dickinson, T. N. Gray, E. J. Marsh, Dr. C. N. Kendall, State superintendent of education, and Thomas E. Smith, D. V. S., of New Jersey.

The following officers were elected for the ensuing year:

President, George E. McLaughlin, M. D., Jersey City; first vice-president, Calvin N. Kendall, Ph. D., Trenton; second vice-president, George W. Fuller, C. E., Summit; third vice-president, Hon. Charles J. Fisk, Plainfield; secretary, Edward Guion, M. D., Atlantic City; treasurer, George P. Olcott, C. S., East Orange; chairman Executive Council, A. Clark Hunt, M. D., Metuchen.

### New Jersey Mosquito Extermination Association

This Association held its annual meeting at Atlantic City, Feb. 17 and 18, Dr. Ralph H. Hunt, of East Orange, the president, in the chair. The doctor read an interesting paper

on the Progress of Misquito Control Work in New Jersey. Several able papers were presented. The excellent work done in the State was set forth as well as the need of its continued prosecution.

### Warren Medical Inspectors Organize.

Ten of the twenty-one school districts of Warren County were represented at a meeting of medical inspectors in the court house at Belvidere, March 23. County Superintendent Charles A. Philhower presided. The speakers were Drs. F. J. LaRiew and Thomas S. Dedrick, of Washington, N. J.; R. H. Woodruff, of Hackettstown; F. W. Cummings, of Belvidere; Dr. Ott, of Portland, Pa., and Dr. Curtis, of Hackettstown. They discussed sanitation, cleanliness, eye strain, enlarged tonsils, adenoids and the physical condition of pupils generally.

A permanent organization was effected, with the following officers: President, Dr. T. S. Dedrick; vice-president, Dr. Woodruff; secretary and treasurer, Dr. Cummings; reporter, Dr. LaRiew. This organization will affiliate with the State organization. Dr. Woodruff said he had come in contact with forty cases of retardation in the schools he had visited, which were directly attributable to bad eyes, enlarged tonsils and adenoids. The next meeting of the inspectors will be held in Hackettstown. The general subject for discussion will be "The Relation of Diseases to Retardation of Children in the Public Schools."

### Interstate Psychiatric Association.

A meeting of this association was held November 23, at the Sheppard and Enoch Pratt Hospital, Towson, Md. A constitution was adopted which specified that residents of the States of New Jersey, Pennsylvania, Maryland and Virginia and the District of Columbia, who were interested in neurology or psychiatry, were eligible to membership, and that physicians in other States might by vote of the association be elected to associate membership. The object of the association is to bring together men who are working in special institutions, in general hospitals, or are in private practice, and who are devoting special attention to the care and treatment of mental and nervous diseases. The following officers were elected to hold office for three years: President, Dr. Henry A. Cotton, medical director of the New Jersey State Hospital, Trenton; vice-president, Dr. Edward N. Brush, superintendent of the Sheppard and Enoch Pratt Hospital, Towson, Md., and secretary, Dr. Samuel T. Orton, clinical director of the Pennsylvania Hospital, West Philadelphia. Meetings will be held twice yearly.

### National Committee for Mental Hygiene.

The eighth annual meeting of this committee was held in New York City February 2. The following officers were elected: President, Dr. Lewellys F. Barker; vice-presidents, Dr. Charles W. Eliot, and Dr. William H. Welch; treasurer, Otto T. Bannard; medical director, Dr. Thomas W. Salmon; secretary, Clifford W. Beers.



## Miscellaneous Items.

### Employment and Distribution of Laborers.

The Post Office Department and the Department of Agriculture are in co-operations with the Department of Labor in aid of the plan for the employment and distribution of laborers in the United States. The purpose of this plan is to supply labor where required on every section of the Republic.

Blanks for use of employers desiring help and for persons seeking employment may be had on request from the postmaster, or officer in charge of any branch post office, or rural mail carrier. All application blanks when filled out and signed should be folded and returned to the postmaster or other officers mentioned, whereupon they will be forwarded to the proper officer of the Department of Labor, where they will receive special and prompt attention. When thus returned no postage will be required; otherwise the usual postage will be necessary.

### Biology and the Social Sciences.

Dr. Theobald Smith, in the Boston Med. and Surg. Journal, says: I am led to the suggestion of a more intimate relation between biologic and social sciences because great discoveries which give a new direction to currents of thought and research are not, as a rule, gained by the accumulation of vast quantities of figures and statistics. These are apt to stifle and asphyxiate and they usually follow rather than precede discovery. The great discoveries are due to the eruption of genius into a closely related field, and to transfer of the precious knowledge there found to his own domain. It is not so very long ago when medicine paid little attention and less respect to the unusually rich field of animal life as a source of information. To-day, every department of medicine fills its available working spaces with animals which are subject of profound study. The results have revolutionized human medicine within a generation.

**Charity Abuse Again.**—The discovery that one of the patients at Bellevue Hospital was worth \$15,000 or more, and was getting or attempting to get the benefits of that institution at the expense of the taxpayer, has again brought up the matter of medical charity—a subject which perennially causes a lot of talk and little action. Why is it that some definite course cannot be taken to curb the unwarranted imposition upon not only the public but also the medical profession?

According to carefully estimated figures by Dr. C. J. Whalen, of Chicago, each practising physician in that city is deprived of no less than \$2,500 a year in possible fees by the senseless manner in which uncalled for charity is dispensed. Doubtless, on the same basis, the figure would be equally large in New York City or, for that matter, in any other large city. In any event, the maintenance of the Bellevue and allied hospitals costs the taxpayer nearly \$2,000,000 a year!

Our attention was recently called to a suggestion made in the editorial columns of the New York Evening Mail, which we believe is well worthy of putting into immediate prac-

tice: "In justice to the taxpayers, every patient treated, every person cared for in any institution, ought to be billed for the cost of the service rendered. These bills should go to the Bureau of Social Investigations, which has been formed in the Department of Charities, and the director of that bureau should be empowered to cancel the charge if the patient is properly entitled to public charity, or to forward the bill to the corporation counsel for collection if the person is able to pay and does not settle directly with the department. This may seem like putting a hard face on kindly charity, but it is nothing of the sort. It is simply taking steps to protect the taxpaying public from imposition."

### Suggestion of a Princeton College Medical School in Newark.

An informal discussion by Health Commissioner Littleton Kirkpatrick and Dr. Charles V. Craster, temporary health officer of Newark, on the advisability of urging Princeton University to establish a medical school in Newark, has started a movement toward that end. Mr. Kirkpatrick, who is a member of the Princeton Alumni Association, said he understood Princeton was approached several times concerning the establishment of a medical school in Long Island City. He said he favored the idea of such a college being located in Newark and referred to the advantages of splendid hospital, dispensary and clinic systems in Newark, which would be used by the college for instruction.

Dr. William S. Disbrow, president of the Board of Health, said that the subject was never brought up in committee or at a meeting of the board and that he had not heard of the idea of establishing a medical school there until informed recently. He stated that the Board of Health would not be interested in the establishment of the school other than that it would open the use of its hospital and clinics to a college if it should be started in Newark.

**Heredity in Neuropaths.**—Insanity, or a neuropathic hereditary tendency in a parent, tends to reappear in his children, not always in insanity, but in one of the forms of nervous instability. . . . It must, however, be kept in mind that, where insanity or any such nervous disorder is due to an accident which has injured the brain, or to malnutrition of the brain during development, it is not transmissible.

### Maeterlinck on Medicine.

M. Maeterlinck might almost be described as a poet in spite of himself. Had the desire of his heart been attained, he would have been a doctor. Some years ago he confessed to his early ambitions in a letter addressed to a French medical journal. "I never commenced the study of medicine," he wrote. "I did my duty in conforming with the family tradition which ordains that the eldest son shall be an avocat. I shall regret to my last day that I obeyed those traditions and consecrated my most precious years to the vainest of sciences. All my instincts, all my inclinations, attached me to the study of medicine, which I am more than ever convinced is the most beautiful key which gives access to the great realities of life."—London Spectator.

### Harvey Society Lecture.

At the N. Y. Academy of Medicine, 17 W. 43rd street, on March 11, at 8.30 P. M., Prof. Henry A. Christian, Harvard University, will lecture on "Some Phases of the Nephritis Problem."

### The Useful Surgeon.

Clinical experience alone will not make a competent surgeon unless he takes the time to thoroughly investigate each case as to the cause and pathological conditions involved, applies recognized methods of treatment and follows the results of his treatment. Too often we find that the so-called surgeon has an extensive practice and he does not take the time required for the proper care and study of cases. However, he gets along mechanically through much operative work, but of what use is such a man to progress, and to the ultimate results of his case? Of what use is he as a teacher of medical students, to the development of proficiency in himself or his assistants? He should let his assistants do the minor and routine work, while he devotes himself to the real progress of surgery.—H. W. Wightman in the Medical Record.

The longer a person practices surgery, the more shy he becomes of venturing predictions and the more he respects Lowell's advice, "Don't prophesy unless you know." Great ingenuity is often employed in avoiding the explicit. A patient approached a dear old chief of mine and insisted on specific statements as to the future of his sick son. The grizzled old professor said: "If your son gets well he will get about again. If he does not, he will not. If the balance of events shall remain equal, then he will remain in a state of status quo." I take it there has been no opinion equal to this since the immortal opinion of Jack Bunshy of the Cautious Clara. Strange to say, the man was entirely satisfied. He had seen the professor and had obtained his information from the highest source.

### The American College of Surgeons.

This organization begins the new year 1916 with an announcement that it has secured from its 3,400 Fellows in Canada and the United States an endowment fund of \$500,000. This fund is to be held in perpetuity, the income only to be used to advance the purposes of the college.

**Christian Scientists Convicted.**—Two women practitioners of Christian Science in Berlin are reported to have been convicted of criminal carelessness and sentenced to six months' imprisonment for causing the deaths of two actresses in the Royal Theatre. Although both of the patients were said to have been suffering from serious and perhaps incurable diseases, it was thought that their lives might under customary treatment have been much prolonged, and for this reason the court found the defendants guilty.

### American Doctors Victims of Typhus.

Drs. Peter Olitsky, of New York, member of the Rockefeller anti-typhus expedition into

Mexico, and Dr. Carl E. Ruskhare suffering severe attacks of typhus in a hospital at Laredo, Tex. The former contracted the malady from braking a culture tube of germs and cutting his hands. How Dr. Rusk became infected is not known, his condition was not as serious.

Drs. Olitsky and Rusk started for Mexico City in January, but on reaching Matchuala, San Luis Potosi, found several hundred cases there, and began their crusade. Dr. H. C. Fall, surgeon for the Guggenheim interests in Mexico, who accompanied them north, said the serum treatment has fulfilled expectations.

### General Practitioners and Osteopaths.

Attorney-General Woodbury, in an opinion given to the New York State Educational Department, holds that general practitioners may employ osteopathy in cases where the condition of a patient warrants such practice, but they may not advertise and hold themselves out to the world as osteopaths, unless they are licensed to practice that system.

### Princely Gifts for Medical Research.

An appropriation of \$1,000,000 to the Rockefeller Institute of Medical Research for additional endowment needed for the department of animal pathology recently established near Princeton, N. J., was announced March 19, by the Rockefeller Foundation. This fund will be used to undertake the study of animal diseases.

For the cost of medical research and supplies in Dr. Alexis Carrell's hospital in Compiègne, France, an additional appropriation of \$25,000 was ratified. Dr. Carrell has found unprecedented opportunities to carry on research work near the battlefield, the announcement says. The foundation has given \$125,000 to the China Medical Board for the purchase of property adjoining the Union Medical College in Peking. A gift of \$50,000 to the International Committee of the Young Men's Christian Association, in support of work in military prison camps of Europe, is also announced.

### Surgery of the Large Intestine.

Dr. J. Shoemaker, in Archiv für Klin. Chirurgie, describes three cases of ileus in patients over seventy-five, but no obstruction was discovered at the laparotomy to explain it. Part of the colon was found extremely distended by gas and fluid feces. The ileus was evidently of dynamic nature, not of mechanical origin, and he compares these cases with analogous experiences that have been published by others. He also reports two cases in which an appendix epiploica had developed a cavity in the center, lined with a continuation of the intestinal mucosa, thus forming a diverticulum. The symptoms were those of appendicitis, only they were on the left side. The operation revealed perforation of this diverticulum and consecutive peritonitis.

One man, and one only, should be in charge of a case. Other physicians may be assistants or consultants. Two men in charge is a surgical duet, and, like a musical duet, is an arrangement by which each one may lay the blame on the other.—Da Costa.



# THE JOURNAL

OF THE

## Medical Society of New Jersey

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,  
New Brunswick, N. J.

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## CHANGE OF PLACE

OF THE

## ANNUAL MEETING

OF THE

## Medical Society of New Jersey

FROM

SPRING LAKE

TO

Asbury Park, N. J.

JUNE 20-22, 1916

In order to comfortably provide for the large number of members and guests that recent intelligence leads us to expect.

## CHANGE OF PLACE FOR 150th ANNIVERSARY MEETING.

The Committee of Arrangements for the 150th anniversary of the Medical Society of New Jersey is compelled to announce the change of place for our meeting in June. We regret this exceedingly after the unanimous approval of our former plans by the Board of Trustees and the Society, but recent developments leave us no alternative that would enable us to adequately and comfortably provide for a successful celebration of our anniversary.

We are obliged to omit New Brunswick as the place for the first day's observance of this historic event. This is to the great disappointment of the members of the Middlesex County Medical Society who were perfecting generous plans for the entertainment of the officers and members of the House of Delegates as their guests, but the historic proprieties of the occasion and sentiment—because New Brunswick was the place of the Society's birthplace—had to give way to the convenience and comfort of those attending the anniversary, especially in view of the fact that no satisfactory arrangements could be made with the railroads which would not subject those attending to inconvenience and largely increased expense, especially those coming from the Southern part of the State. Other reasons affecting the successful arrangements for the remaining sessions—business and social—occurred to decide our action.

Then the committee about the middle of March received intelligence that compelled us to make—after consultation with some of the trustees who were accessible—a change of place from Spring Lake to Asbury Park. We emphasize the fact that it was not because of any dissatisfaction with the New Monmouth Hotel or its management, as the action of the committee and the response of Manager Shute, given below, shows. The only thing that compelled our decision to change the place was our conviction that there was lack of hotel capacity to comfortably and satisfactorily accommodate the large attendance that recent information leads us to expect. This conviction was deepened when one of the leading hotels, in the middle of March, dropped from the originally estimated number of 400 it was believed they could take, to 300 and one week later to 150, the latter drop because of fear that it might interfere with the hotel's regular patrons.

The committee in considering another

place, sought information from several sources. The choice seemed to lay between Atlantic City and Asbury Park. The feeling generally was that the location should be, for this anniversary year, central and accessible. The facts that the former place could not accommodate us on the days fixed upon—which good reasons made advisable, that the hotel rates would be much more at Atlantic City, with the additional fact that the officers and manager of the New Monterey were urging our coming to Asbury Park, *if we made a change*, and made us a very tempting offer, finally decided the committee—several trustees concurring—to hold our anniversary meeting at Asbury Park. The New Monterey will be our headquarters, accommodating about 625, which with the Columbia Hotel, located directly opposite co-operating, will be increased to nearly 1,000 capacity. Other nearby hotels would enable the manager of the New Monterey to provide for even a much larger number.

The chairman of the committee, with Dr. Gray, secretary of the Society, visited Asbury Park on March 25th and with Senator Brown, president of the New Monterey Hotel Association, Manager Dennis, Dr. G. F. Wilbur, chairman, and other members—medical and lay—of our local committee at Asbury Park, visited the hotel and were convinced of its ability to provide for our business sessions and social functions, to our satisfaction. Dr. and Mrs. B. S. Keator had provided at their beautiful residence an elaborate dinner for us all, which was greatly enjoyed.

The Asbury Park City authorities, hotel authorities, as well as some of the men's and women's organizations, show a desire to co-operate with our committee in making this occasion eminently enjoyable in all its social functions. The members of the committee have thus been relieved of the deep anxiety they have had the past month in providing adequate accommodations for the anniversary banquet on the evening of June 21st.

Chairman of the Committee.

The following is the action of the committee in regard to the New Monmouth Hotel, and Manager Shute's reply:

The members of the Committee of Arrangements for the 150th Anniversary of the Medical Society of New Jersey, desire to, and hereby do, emphasize the fact that the change of place for our anniversary meeting is not due to any dissatisfaction with the New Monmouth Hotel or its management. The uniform court-

esy always shown us and the kindly and generous treatment of the Society and its members attending the annual meetings in that hotel the past five years, leads us to very deeply regret the change of place which is made solely because of recent information that the New Monmouth and the Essex and Sussex hotels cannot accommodate comfortably and satisfactorily the largely increased attendance we expect this year.

We desire especially to express our appreciation and thanks to Mr. Frank F. Shute, the courteous and efficient manager of the New Monmouth Hotel, who had done his utmost in earnest, persistent endeavor to avert this change and to satisfactorily and comfortably provide for our accommodation and make our anniversary meeting enjoyable and successful.

My dear Dr. English:

I received your favor and wish to extend my sincere thanks for your kindly letter and the very flattering resolutions of your Committee of Arrangements regarding the New Monmouth. Personally I am dreadfully sorry that we are not to have you with us at Spring Lake as we have always enjoyed your coming. I shall miss meeting the many good friends I have in the Society.

I shall hope, however, another year that you may return to us and assure you of my every effort in your and the Society's behalf whenever our hotel may be favored.

With kind personal regards, I am,

Very truly yours,

Frank F. Shute, Manager.

## THE CAMPAIGN AGAINST CANCER IN NEW ENGLAND.

The New England States generally show a higher death rate from cancer than any other group of States. This does not mean that New England people are more susceptible to this disease. Cancer is a disease of later adult life and it is well known that in parts of New England there are more old people proportionately to the population than in many other regions. Nevertheless, the death rates recently published by the United States Census Bureau have stimulated much activity in these States in the educational campaign for the control of malignant disease.

What are the facts upon which this movement is based? According to the report of the Census Bureau in 1913, there were 49,928 deaths from cancer in the registration area of the United States, corresponding to a death rate of 78.9 per 100,000 of the population. All the New England States have individual cancer death rates much higher than this. Connecticut's rate, which was the lowest of any of the New England States, was 85.1. Vermont's rate was the highest with 111.7, while the rates of the other States were correspondingly high, Maine having a rate of 107.5,



New Hampshire 104.4, Massachusetts 101.4 and Rhode Island 93.3. When these figures are compared with those of Kentucky, with a rate of 48, they seem indeed very high. They mean that 6,817 people died in 1913 in New England from cancer. But it does not necessarily follow that cancer is more common in New England than elsewhere.

The Census Bureau attributes the high cancer death rates in certain districts to the relatively high age distribution of the population and the negligible amount of immigration. Translated into everyday terms this means that in New England the proportion of people over forty years of age, or at the cancer age, to those under forty, and so less liable to cancer, is greater than in other places. Yet there is no doubt that the cancer death rate in New England as well as in other parts of the country is much higher than it ought to be. Without question a large percentage of cancer deaths can be prevented by early recognition of the symptoms and prompt recourse to competent surgical advice and treatment. Cancer is not a hopeless incurable affection, as so many people wrongly believe. Those who know the facts believe that if the public can be properly educated in regard to the early signs of the disease and will act on this knowledge, the present mortality should be reduced at least half and perhaps two-thirds.

#### CRITICISM OF PHYSICIANS BY PHYSICIANS.

"Many Doctors Unfit for Obstetric Work." "No Better Than Midwives, Physician Charges." "Many Physicians Have Degenerated Into Mere Prescription Writers, and Are No Better Than Midwives in Confinement Cases."

The Evening Bulletin of Philadelphia, under date of March 3rd, 1916, page 13, published under heavy type headlines, what purported to be a report of some addresses delivered before representatives of medical colleges, of the State Bureau of Medical Inspection and Licensure and a Special Committee of the New Jersey Assembly, who met to formulate recommendations for improving the teaching and practice of obstetrics, held at the College of Physicians and Surgeons.

Making every possible allowance for exaggerations of reporters, the straining after catchy headlines by the modern daily press, etc., the statements are grossly misleading,

tending to belittle the medical profession individually and collectively. Is it not time for the medical profession, through its proper channels of censorship, to call the authors of such statements to account?

Standing in the high places within our ranks, many make a practice in addresses to various medical organizations, of disparaging and traducing the ability of those in the ranks. To refute the truth of such aspersions at this time is not necessary, the dominant questions that occur at this time are these: Do such methods correct the evils at which they rail? Is this the best and most ethical way of bringing about the reforms sought?

Such articles appear entirely too frequently in the lay press. The ability of the average physician is held up to public ridicule by such methods, the confidence and esteem of the public for their medical advisers is lowered and untold harm is done the profession as a whole. The seed of the numberless would-be medical cults find in the distrust thus produced, a fertile soil for their protean propaganda, and such articles are to them efficient aids in spreading their sophistic doctrines.

Surely our Committee on Medical Legislation in their fight against the many forms of medical charlatry have enough with which to contend, without members within our very ranks furnishing aid and comfort to the enemy. Such tactics are suicidal so far as the good of the profession is concerned.

Those specialists among the profession, whose ability and life work bring them into contact with many of the unfortunate results of obstetrical practice, should be the last to utter public condemnation, knowing full well as they do, that old, old truth, that their own most valued lessons have been learned from the mistakes they have made.

That all the results, in those unfortunate cases which inspire such utterances are, or were preventable, even with the most skillful attendance, is a position that their own records fail to prove, and the most audacious of these slanderers would not attempt to assume.

One of the facts that wise men know is: "That the brightest intellects of the world are right only fifty-two per cent. of the time," and such being the case it behooves even the brightest among us to cultivate the most forgotten virtue of modesty, as Tennyson says, "It is better to fight for the good: than to rail at the ill."

Members of our profession, who through

sheer talent and hard work have achieved eminence, are not as a rule much given to this sort of insolent ingratitude to the profession to which they owe all that they are, but unfortunately there are some of this class, who in their assurance, ignoring ethics and good sportsmanship, go about like roaring lions, seeking whom they may devour and, with impudent effrontery, assail the profession with apparent impunity. It is to this class of medical orators that the brake of rigid censorship should be applied by all medical organizations throughout the land.

Medical societies should see to it, that excerpts containing the jeer and scoff for the profession, should not be sanctioned or reach the public press in any way whatever.

We must ever bear in mind, that all our progress is evolutionary in character. Internist, surgeon and student alike must realize this, for so rapid have been the improvements of recent years in laboratory, clinical and surgical methods of teaching, that frequently we unlearn to-day the lesson of yesterday. Meekness is one of the earmarks of all great students.

The sluggard, like the poor, we always have with us, but a censure that would be deserved, if applied to this class alone, becomes a slander when applied to the rank and file of the profession. All arrogant assertions to the contrary notwithstanding, the average physician does keep abreast of the times in the practice of his profession.

It is time that the profession rebuke those guilty of such utterances in no uncertain manner. There are far better uses for their talents.—JAMES HUNTER, JR.,

#### ATTEND YOUR COUNTY SOCIETY MEETINGS.

The dog days have had their little fling, the summer girl has taken her last dash in the spray and old Sol is well on his way to thaw out the hibernating inhabitants of the frozen North, so we of the temperate zone can buckle on the harness for winter work. County society meetings will be in full swing this month and a new lot of papers ought to be forthcoming to entertain and instruct the members on conditions that may confront them from time to time. Several county societies held meetings throughout the year and some of them had their best sessions during the hot months. So really, weather conditions do not form a very valid excuse for absence from these important gatherings. We hope all members will take a new interest in

their societies and that the attendance in each will be larger this season than at any in the past.—Missouri State Med. Jour.

## The Year 1916

Is to be a memorable one in the history of

## The Medical Society of New Jersey

Its PAST has been glorious. Let us use the golden opportunities of the PRESENT to make its FUTURE still more glorious.

Three and a half months will bring us to our

## 150th Anniversary

Let these months be full of earnest thought and devoted professional work.

If you have not yet paid your dues, do so at once. No member can afford to lapse his membership this year.

Secure, if possible, the enrollment of *every* reputable physician in the county who is not already a member of your county society.

The Society will prove helpful to *you* personally, according to what you put into it of time, thought and work.

But of far greater importance is the standing of your county society in the State Society and in the American Medical Association. The strength and efficiency of these larger organizations depend on the strength and efficiency of their individual units—the county societies.

But greatest of all motives for best, most-devoted and self-denying service is—to maintain the true, altruistic record of our Profession in its divine mission—in the blessing of humanity.

FELLOW MEMBERS! Let us do our best work during the coming three and a half months and then let us come up to the 150th Anniversary meeting at

### ASBURY PARK, N. J.,

June 20-22, to get inspiration and power for the better service of humanity during the coming years.

There is but one way to medical co-operation—through organization. The efforts of medical men during the past ten years to perfect a working organization have



been eminently successful. There are still some worthy and desirable practitioners outside the organization but these are few and the progress along these lines is remarkable. The way to closer co-operation has been opened. In meeting our fellow workers through the medium of our medical societies we have learned to know them better. That is the big step in co-operation.

Every business and profession recognizes to-day that the night of competition has passed and that the successful worker in any path of life is he who is working with others rather than he who is working against them. Medicine must not lag behind in her preparation to meet the new condition. The great problems of to-day cannot be solved by the individual. They require united effort. Competition has bred hatred, jealousy and misunderstanding; and scientific medicine has been retarded as a result. The quack and patent medicine vender have prospered through our quarrels. They are becoming extinct by reason of our co-operation. The hope of the future lies in working together.—R. S., in Wisconsin Med. Jour.

### DON'T MISS A MEETING.

The value of your local organization will be in proportion to the effort you expend in its behalf. It is going to require inconveniencing yourself, possibly a long drive, hours of lost sleep, but in the end it will be worth many times more than all such efforts may mean to you.

The more money The Journal of the Medical Association of Georgia makes out of its advertisements the less it costs the State Association to run the paper. This means that every member of the State Association has an interest in the advertising columns. If one business firm advertises and another does not, patronize the one that does. It is money in your pocket.—Georgia State Med. Jour.

It applies with equal force to our New Jersey State Journal.

Report of the action of the Morris County Medical Society on the death of Dr. J. G. Ryerson was received as the Journal was ready for the press. It will appear, with other late matter received, next month.

If your doctor says "It may be cancer," don't waste a day in finding out and, if it be cancer, in getting to the operating table.

### Academy of Medicine of Northern New Jersey.

The stated meeting will be held on April 19 at 8.45 o'clock P. M., when Prof. Henry H. Morton, M. D., Professor of Genito-urinary surgery, will read a paper on "Some Thoughts on Prostatectomy."

The Section on Medicine on April 11, 8.45 P. M., will hold a Symposium on Arthritis: "The Medical Aspect," by Dr. Herbert W. Long; "The Rhinological Aspect," Dr. Harry B. Orton; "The General Surgical Aspect," Edward L. Wharton, D. D. S.; "The Pathological Aspect," Dr. John W. Gray.

The Eye, Ear, Nose and Throat Section will meet on April 24, cases and paper to be announced on section postal.

The Section on Surgery will meet April 25th, when there will be a Symposium on Traumatic Injuries: 1. "Traumatic Injuries of the Head," by Dr. Frank D. Gray, discussion by Dr. W. D. Miningham; 2. "Traumatic Injuries of the Thorax," Dr. John C. McCoy, discussion by Dr. Sandford Ferris; 3. Traumatic Injuries of the Abdomen," Dr. Francis R. Haussling, discussion by Dr. W. H. McKenzie; 4. "Traumatic Injuries of the Extremities," Dr. S. E. Robertson, discussion by Dr. H. H. Satchwell.

The Section on Pediatrics meeting, April 5, will be announced on section postal.

## WANTED!

Every member of the State Medical Society to patronize the firms occupying advertising space in

### The Journal of the Medical Society of New Jersey

By so doing you will conserve your patients' interest, your personal interest and reduce the cost of publishing your Journal.

**Don't forget to give the Journal credit when placing your order with these firms**

Remember that, in the early stages, cancer operations are seldom fatal.

Don't postpone operation through any mistaken dread. Not the knife, but fear of the knife, is Death's chiefest ally.

### THE DOCTOR—FROM A LAYMAN'S STANDPOINT.

Sometimes we call him the village doctor. In endearing terms we speak of him as the family doctor. Grand old man.

We hear his footstep at the door and feel better. He comes into the room where we are lying sick in bed. He lays his soft, cool hand on our burning forehead and smiles.

"Oh, you are doing nicely," he says. Then we determine to get well, for there is a power in suggestion.

Turning to our wife, he asks: "You are keeping up the same treatment?" "Yes," she replies. "All right. I'll call again in the morning. Good bye," and he bows himself out. Now, he does this if we haven't paid him a cent for five years. He is too much of a prince to think of dollars and cents. His mind is on the art of healing, for he is a doctor.

We find the doctor in earliest history. In Egypt he was a chemist and embalmed the dead. What he did for the living I don't know. In China he ground bugs and administered dried worms and insects to his patients. In other countries he indulged in charms and voodooed his victims. In the wilds the medicine man wields power over the tribes by crude magic. In this country, in early times, there was virtue in a black cat's blood, and a sack of asafoetida hung around the neck would scare away any sort of disease. Bleeding was the first aid, and many a poor fellow went to his grave short of blood. The doctor of to-day is different. We have with us now:

The Christian Science Doctor, the Absent Treatment Doctor, the Traveling Doctor, the United Doctors, Doctors of Divinity to cure sick souls, the Allopath Doctor, the Faith Doctor, the Osteopath Doctor, the Bone Setter Doctor, the Corn Doctor, the Chiropractor Doctor, the Tooth Doctor, the Homeopath Doctor, the Community Doctor, the Horse Doctor.

A doctor is expected by the public to be learned in his profession, both by education and practice. He must be immaculate in person and dress. His hands must be clean, no dirt lurking under his finger nails. He must be moral and upright in his life, because he is the trusted confidant of the family. He must be honorable, truthful, trustworthy, that he may guard the secrets of the family as he would his own good name. The family expects that of him. He must be temperate, absolutely sober at all times. We consider a good doctor the most influential citizen in the community, the greatest factor in its welfare. He not only cures you when you are ill, but is always working out plans to prevent disease. He made the Panama Canal possible by removing disease germs from its zone. The American doctor did this. He defeated yellow fever by removing the cause. He has reduced smallpox to the lowest common denominator, extracting its sting by vaccination and relegating it to the class of Cuban itch.

In the last few years the art of healing and the prevention of disease has progressed wonderfully, and the strides in surgery have astonished the world.

By medicine life may be prolonged, yet death will seize the doctor too.

The trials of a doctor are many. Roused out at midnight to ride ten miles over a dark

and lonesome road, cold and cheerless, amidst rain or snow, the biting wind chilling him. That's no snap.

Then sometimes it is said of him that he let a patient die through neglect or lack of knowledge on his part of the disease. This is "the most unkindest cut of all."

Long live the family doctor. May his shadow never grow less.—Read before the Ralls County, Missouri, Medical Society.

### Medicine—A Profession or a Trade.

Dr. Hugh Cabot, in an article in the Boston Med. and Surg. Journal, says that medicine has always been regarded as one of the learned professions, but the tendency of a profession to degenerate into a trade is always present. If Medicine is to avoid the downfall which has overtaken the Law it will be because we are more conscious of the dangers or more alert to check at the beginning undesirable developments. A profession is an occupation requiring an education in science, and which is pursued for its own sake, and must have as its chief end the advancement of science or the benefit of mankind, pecuniary advantage being always a secondary and subordinate consideration. A trade, on the other hand, is an occupation which is pursued chiefly, though not wholly, for the purpose of acquiring wealth. In estimating the importance of any development in medicine we can best do so by comparing present conditions with those of the past, the changes that have taken place and the effect which they have produced upon the prevailing type of practitioner. Dr. Cabot looks back and pictures the type which was looked upon as the highest twenty years ago and compares it with the best that we are producing to-day, and from it gains the impression that the former men were more in touch with affairs other than medicine and more devoted to the ideals of medicine. He also considers the possibilities of the future in the direction of State medicine and group medicine, and outlines a system of group medicine which seems to him to offer advantages over State medicine.

### Is the Physician an "Easy Mark?"

Some time ago The Journal of the American Medical Association called attention to a scheme being worked on physicians under the name of the American Medical Index Association. It was reported to be conducted by a C. A. Beck. The first complaints came from Indianapolis; later the concern opened an office in New Orleans, and after securing a number of subscriptions—at \$10 each—departed, leaving many physicians unsatisfied creditors. After this, the affair was heard of at various places, as was noted from time to time in The Journal. A few days ago a Detroit physician wired The Journal that a "Dr." Beck was in that city endeavoring to start a scheme for supplying abstracts and indexes of current medical literature to physicians. On receipt of The Journal's reply, Mr. Beck was arrested. As he appears to be wanted in many cities, it is a question where he will be tried first. In a former comment on this scheme of working doctors, the question was asked, "Is the physician an easy mark?" We may now answer—not always!



## SPREAD OF DISEASE BY SPITTING AND COUGHING.

The Publicity Committee of the Medical Society of New Jersey observes that, in recent years, much has been said and written about spitting in public, and cities and States have enacted ordinances and statutes forbidding expectoration on the sidewalks or in public buildings and conveyances.

This result is due to the realization of the fact that such indiscriminate expectoration was a menace to the health of the people and a positive disseminator of disease. The conviction based upon positive evidence that consumption, particularly, was spread by this means, was largely the controlling factor in causing the crusade that has done so much to render the sidewalks and the floors of public buildings and public conveyances less disgusting to the eye and less a menace to health.

But there is another element in the spread of disease that has not received serious public attention, and yet the immediate effect is more unpleasant and the possibilities of transmitting infection are greater than may result from expectorating on the sidewalk or the floor of a building or car. This element is the individual who coughs.

It is true the sputum thrown off by an individual with an infectious disease, and deposited upon the sidewalk or floor may be a danger to others because it becomes dried, then pulverized by the attrition of the feet, and finally inhaled or swallowed. Perhaps the most unpleasant features of this process are those last mentioned—we may inhale or swallow the other individual sputum in its dried form; but, after all, we may not contract the disease, because the vitality of the germs may have been destroyed before they reached the nostrils or mouth of the new host.

But, in coughing, infectious material is forcibly thrown off from the mouth, the throat or the lungs, and is in a condition of active virility, because it has passed through no process that would destroy or lessen its vitality; and, propelled into the face or upon the clothing of a person, becomes an instant source of danger. In every act of coughing, particles of mucous are thrown from the mouth, and may be propelled several feet. In some instances these particles are visible, and yet they may be invisible, depending upon the light conditions—but whether visible or not, they are a menace to all in the vicinity of the individual who expels them.

There can be no doubt that the coughing and sneezing that attends many diseases—as consumption, scarlet fever, measles, diphtheria, etc.—are the chief agencies in their transmission to others, as the germs in their most active state are thrown broadcast, in private and in public.

It is an interesting—but disgusting—study, to observe the coughing individual. He may be standing talking to you, yet he scarcely moves his head when he coughs, and you are sprinkled with the fine particles of sputum noted above. If you are in a car, theatre or hall, and the individual sitting immediately behind you has occasion to cough, he does so in a manner that permits you to receive the effects in the back of the neck. At the table,

he will not only cough over his own food, but also over the food you had hoped to eat.

In divers other ways so many individuals reveal their lack of appreciation of the seriousness of indiscriminate and inconsiderate coughing; and thus thoughtlessly or indifferently they become the disseminators of disease, and are really a greater menace than the public spitter, though apparently the people are unaware of this truth.

As a result of certain disease, coughing becomes unavoidable and necessary—just as spitting is—but the act can be performed with due consideration for the comfort and safety of others. No doubt much of the carelessness observed by those who cough is due to ignorance of the fact that it may be a source of danger to others; but, on the other hand, one would think that anybody would realize it is not nice to cough in the face or on the neck of another, or even to cough over their own food, and then eat it. But if it is necessary that instructions should be given in these matters then the sooner it is done the sooner will there be less contagious diseases to combat.

## THE MEDICAL PROFESSION.

Concluding extracts from Dr. T. J. Redeling's presidential address at Wisconsin State Society annual meeting:

"While I have reminded you that commercialism is rife in places, that the charlatan and the humbug are disguising themselves under the title of doctor, they are not of us, but in spite of us. A study of the history of medicine shows that our great problems were no different nor less difficult to our forefathers. 'For all time (in the opinion of the multitude), witches, old women and impostors have had a competition with doctors.' Education of the public of a much more systematic and active kind is needed. Exposure of quackery and its methods is the demand of the hour.

"We are building our structure, the medical profession, with an eye single to but one purpose, that is, everlasting Truth. Truth whose luster grows brighter and more honorable with each receding year, meanwhile our patients are blindly worshipping at false shrines and some of them deride us when we have given them all our Art can give, because we have given less than their credulity expects.

"So many gods, so many creeds,  
So many paths that wind and wind,  
When just the art of being kind,  
Is all this great world needs."

"Dr. Da Costa has aptly said: 'We are all brothers, marching shoulder to shoulder in the army of healing. We have the same banner, the same hopes and aspirations. We follow as the pillar of smoke by day and the pillar of fire by night, two objects—the mitigation of human suffering and the prolongation of human life.'

"In the preceding remarks I have pointed out some of our shortcomings and have pleaded for a blameless efficiency. Are the defects in us or are they in those who should trust us? I shall not judge.

"In men whom men condemn as ill,  
I find so much of goodness still,  
In men whom men pronounce divine,  
I find so much of sin and blot,  
I do not dare to draw a line  
Between the two, where God has not."



**DEMENTIA PRECOX ECONOMICS.**

From an editorial by Dr. Bayard Holmes, of Chicago, in the *Lancet-Clinic*, December 4:

Our interest is in research for discovery of the condition, the cause and the cure of dementia precox. Dr. Charles T. LaMoure has analyzed the statistics of the New York State hospital for 1913 in the November 11, 1915, Boston Medical and Surgical Journal (Vol. 173, page 744). He finds that 8,269 patients were admitted during the year, of whom 1,021 were diagnosed dementia precox, practically one-eighth of all admissions. Of these, 542 were of the paranoid type, sixty-six were katatonic, 299 hebephrenic, ninety-eight simple and sixteen unspecified. The peak of the curve of age at admission was between twenty and twenty-four years (23.3). There was no history of insanity, no history of alcoholism, no history of nervous diseases, in more than 50 per cent. of the 1,021 cases (normal in population New York not given and probably not known). Only 228 of these 1,021 patients were married (normal for population same age curve not stated). In education, it is impossible to say whether these 1,021 represented the average of New York or not. LaMoure states that eighteen had a collegiate education, seventy had a high school education, 643 had a common school education, thus accounting for 731. Nothing is said of the 290. In the class of constitutionally inferior or defective were placed 308.

Only sixteen cases of dementia precox were discharged during the year as cured, 126 as much improved, 243 cases as improved. Of the total population of the hospital diagnosed dementia precox, 548 died during the year. The peak of the age of death was between thirty-five and thirty-nine years. The average age at death was forty-nine years. The average duration of hospital residence was 14.9 years.

It is interesting to compare the average stay of general paralytics, of whom 634 died in custody during the same year, with average stay in the hospital of only 1.4 years; and also the average stay of the senile demented, of whom 537 died during the year after an average stay of 2.9 years.

It cost the State \$200 a year for each patient in 1913. We see, then, that the 548 cases of dementia precox had cost the State about \$1,633,040 at the time of their death. The 634 general paralytics had cost at the same rate only \$177,520, and the 537 senile demented had cost the State \$311,460. Dr. LaMoure estimates the number of dementia precox patients at 16,299 now being cared for in the New York State hospitals at \$200 a year. If they live the average of 14.9 years they have and will before they die cost the State \$48,651,120.

What is the State of New York doing in the way of research into the causes, cure and possible prevention of dementia precox? What is Ohio doing? What one of the forty-eight States with their 480 madhouses, containing 120,000 inmates with this terrible disease, is supporting optimistic rational research into the causes of this cursed complaint? The 548 dementia precox patients who died in the State hospitals of New York doubtless left some estates to which they were morally, if not legally, entitled. Was any fund established in New York or in the United States in 1913 for the encour-

agement of the study of dementia precox. It is possible that I am ignorant, that I do not read the papers and keep up with the news, but to all these questions there is but one answer: "Nothing is done for research in dementia precox; pessimistic inactivity still prevails."

**Editorials from Medical Journals****Every Member Can Help.**

From the Texas State Medical Journal.

The most important business before the Association just now is collecting dues and getting in the annual reports from county societies. This is not alone the burden of the officers we have chosen to serve us. It is our duty to help by paying our own dues in ample time and with the minimum of bother to the otherwise plentifully encumbered secretary. So far as the actual requirements are concerned, there is yet plenty of time. True, we are really suspended after January 1st, if we have not paid by that time, but no one but the county secretary knows it and he will not tell until he has to make his annual report, which is now not until thirty days before the annual meeting—say, April 5th. But who wants to keep this thing hanging over the county secretary all of that time, when the State secretary is after him continuously to hurry up? And who wants to pile all of these reports in on the State secretary within thirty days of the annual meeting of the State Association, when he is otherwise already overburdened with the details of the meeting? Really, there are few who want or would intentionally do this. The whole matter of delay is one of unintentional neglect; hence these few remarks. Help us now, when we need help. Pay now and forget afterwards. It is easy.

(We emphasize the above in its application to New Jersey. Secretary Gray has given much time in writing to delinquents or "forgetters" that has put a heavy burden on him.—Editor.)

**Advice to Young Doctors.**

From N. Y. Medical Journal.

With the shrinkage of the number of medical students from 30,000 to 16,000 annually, there has arisen a twofold evil. First, our young men are determined to settle in the cities, where the big prizes are; hence there is more overcrowding than ever in the congested centers. Second, the country is being depleted of physicians, and it is difficult to find men to take the place of those passing off the scene.

Young doctors should consider the advantages of country practice. In former years rural practice was hard and unremunerative; it need not be either to-day. One's motor car takes one quickly over good roads, over great distances; among one's patients one has, much more than formerly, prosperous folk; commuters having business in the city; people who go to the country for health or recreation. The Medical journals and other literature of the day, the discussions at the county medical society are altogether adequately informing and easily keep one up to date. A few weeks of postgraduate work in cities is a positive recreation. The telephone, the parcel post, the self-



playing musical instruments, the trolley expresses—such factors have transformed the character of life materially and socially in country districts throughout the length and breadth of the United States. Wherefore, young colleague, unless the city has been your home, unless you have abundant capital to enable you to wait, unless you have unusual and assured prospects, you are far better off beginning your career in the country than in the big city.

### Poverty and Disease.

Arkansas Med. Society Jour.

Maj. Gen. Wm. C. Gorgas, in an address last week, said that higher wages meant better health and that as the physician's realm was to combat sickness and find its cause, here was a field for his effort. That is not his exact language, but it conveys the thought. It would be a bold physician who would tell his wealthy and desirable patient that he should pay his men a wage that would enable them to live decently and in healthful surroundings. The patient would probably tell him to stick to his prescriptions and leave economics alone. Still, the waste of human strength and life through overwork and small pay is something frightful, if we would but open our eyes to it. It is an economic waste, for the wealth of the State lies in the brawn of its labor and it should be properly conserved, less from an economic viewpoint, perhaps, than from a humanitarian purpose for the diffusion of human happiness and well being. The way is not altogether clear how the physician can aid in advancing the millenium, but it may be pointed out some day. The humanitarianism of Dr. Gorgas himself is too much in evidence to call in question. Perhaps he can find a remedy for existing conditions in the application of which the profession may participate. Anyway, it is in the nature of a new thought as applied to the medical profession, and, coming from so eminent a source, cannot be overlooked entirely.

### "Lawyer-Doctor" Hold Ups.

Michigan State Med. Society Jour.

With growing frequency the courts are trying cases instituted to recover damages for personal injuries that have been trumped-up and instigated by an unscrupulous attorney who has enlisted the aid of some morally degenerated doctor. This despicable combination—"Lawyer-Doctor"—boldly solicit cases from individuals who have been unfortunate enough to sustain personal injury—frequently of a trivial nature. By holding forth promises of large sums of money they secure the power of attorney and set forth to hold-up the individual, company or corporation that was concerned in the injury. Demands are made for a large sum of money and if refused suit is begun. At the trial the doctor takes the stand, violates his oath, and perjuring himself swears the injured party has sustained serious and permanent injuries. The sympathetic jury, awards a verdict of several thousand dollars. The plaintiff eventually secures half and the other half is split between lawyer and doctor. Thus is fraud, deceit, maligning and extortion abetted.

The time is fast approaching when legislation, courts, business and public sentiment will cause an exposure of such a combination to defraud and provide adequate punishment.

Inasmuch as this practice is growing and the cases are occurring with increased frequency it behooves the medical profession to express its emphatic disapproval. We are judged as a whole and when our professional, moral and social standard is lowered by a few, the profession as a unit loses the favor and the respect of the public at large. Shyster lawyers exist; shyster doctors should not be permitted to exist. The necessary enactments should be adopted whereby the doctor, who stoops so low, casts reflections on his fellow practitioner by his perjured and fabricated testimony and lowers the standing of the medical profession in the minds of the public, be expelled from membership in our organization. The time has come when the ranks of the medical profession must be purged of such degenerated and morally degraded individuals.

## Editorials from the Lay Press.

### Let Us Cheer Up.

State Gazette, Trenton, Mar. 24.

There are few higher authorities on cancer than Dr. Francis C. Wood, director of cancer research in Columbia University. In his article on "Cancer and the Public Health," in the current number of the American Journal of Public Health, Dr. Wood says that "it is impossible at the present time to make a definite statement as to any increase" in the prevalence of the disease. "Equally able men," he tells us, "hold that there is a demonstrable increase, and that there is none."

The doubt is largely due to the growing perfection of diagnosis, which, year by year, causes a larger proportion of cases of cancer to be recognized as such. "Bashford's investigation of the London hospital records," says Dr. Wood, "showed that autopsies and microscopic examination increased the number of diagnosed cancer some thirty per cent." The question is one of great importance, not only from the standpoint of health administration, but as part of the larger question of the general trend of the vitality at the middle and higher ages.

Among the most emphatic of the warnings that have recently been so frequently uttered concerning an alleged deterioration of American vital conditions have been those based on the supposed alarming increase of cancer, and so it is important to note that the existence of any increase at all is still regarded as doubtful by careful investigators. So let us cheer up, live as decently as we can, and vitality will take care of itself.

### The New Jersey Editor.

From the Paterson Press-Guardian.

Three hundred thousand American babies die every year before they are one year old. At least 150,000 of these could be saved under proper methods. One hundred and twenty-four out of every 1,000 babies die in steel-making and coal-mining towns as against eighty-four out of each 1,000 in suburban residential sec-

tions. Even greater contracts prevail between the death rate in the congested parts of big cities and the choicest residential districts.

"In New Zealand, where babies are cared for more scientifically than in any other place in the world, the death rate is but fifty in every thousand; there being a loss of but two to our five. No concerted action by us as a nation-at-large has yet been taken to prevent these inroads into our next generation. "Baby Week," to be conducted nationally during the week beginning to-day by Uncle Sam, under the direction of Miss Julia Lathrop, will be the first of such recognition of this necessity of conserving our infant life.

We spend more on battle ships and pigs than we do on babies. The figures have been often quoted. Many congressmen fought an extra appropriation of \$25,000 to collect statistics on infant mortality, while voting for many times that amount to cure hog cholera.

#### Lawyers' and Doctors' Fees.

(Girard in The Philadelphia Ledger.)

I have heard competent lawyers say that David T. Watson was one of the half dozen ablest lawyers in America. He was the reverse of flashy. The general counsel for a very big Western Pennsylvania corporation told me recently of an incident to illustrate how different lawyers of the first calibre will charge widely different fees for their services. He had asked Mr. Watson, of Pittsburgh, and John G. Johnson, of Philadelphia, to write a brief opinion upon a certain case, the facts of which he outlined to them. Mr. Johnson protested against making any charge whatsoever for his work, but finally accepted a check for a few hundred dollars. Mr. Watson sent in his bill for \$5,000 and it was paid without a murmur!

Corporation practice has made a large number of rich lawyers. There are in Pennsylvania many more lawyers who pay an income tax on \$10,000 and upward than there are physicians. "We find," said a well known lawyer the other evening in the presence of a dozen persons, "that when settling up estates of physicians very few were worth \$100,000." And yet I heard a widely known Philadelphia specialist cite within a month a case where a surgeon charged \$17,500 for one operation. He was not, however, a Philadelphia surgeon. I never heard of a doctor who had accumulated a million dollars out of his practice, but I could mention lawyers who had done better than that."

#### Killing Noise.

State Gazette, Trenton.

The good work of suppressing noises, both necessary and the contrary, goes bravely on.

A monster silencer, made on somewhat the same principle as the silencer for guns, has been designed by Harvard professors for the noisy machinery of a New York power plant, in order to meet the protests of people living in the neighborhood, and its success will give an opportunity for doing away with many of the noise nuisances of industry.

The great generators in the basement of this power station proved to be very noisy. It was not practicable to make the building sound-

proof, as rapid circulation of air was needed to keep the generators from becoming overheated; consequently, the currents of air from the hot generators, going out into the open, carried the noise waves to the whole neighborhood.

The professors have built a well to the basement, through which the air from the generators must pass to get outside the building. In the well are many flashboards covered with heavy felt. The air currents will be thrown from one flashboard to another as they come up through the well, and every sound wave that strikes one of the felt coverings will lose much of its enthusiasm, so that by the time the outer air is reached, most of the noise will have been eliminated.

### Therapeutic Notes.

**Bronchopneumonia in Children.**—The following non-depressing expectorant is recommended by Marfan in Medical Press and Circular:

Ergotin, gr. xv.

Strychnine sulphate, gr. one-twelfth.

Mucilage, ʒij.

Distilled water, ʒiv.

M. Dose for infants under six months of age, a teaspoonful twice a day; between six months and a year, three teaspoonfuls a day; from 1 to 2 years, four teaspoonfuls a day; and above 2 years, five teaspoonfuls a day. If there is any diarrhea the following mixture is to be preferred:

Solution of acetat of ammonia, ʒiij.

Tincture of cinnamon, m xv.

Infusion of coffee, ʒj.

Syrup of cinchona, ʒij.

M. Sig.: Four or five teaspoonfuls in the 24 hours.

**Grippe Treatment.**—Dr. Beverley Robinson offers the following prescription as a really efficient and harmless remedy for grippe:

Ammonii salicylatis, grs. iij.

Caffeinae, gr. ¼.

M. Fiat capsula No. 1.

M. Sig.: Two of these capsules should be taken by an adult, every two hours, for four or five doses, and then every three or four hours.

If the capsules cause slight nausea, which is rare, this may be relieved by drinking a little vichy with each dose. He is also inclined to think that these capsules may be used as a preventive measure against grippe.

**Iodine for Typhoid Carriers.**—Dr. Kalberlah, in Med. Klinik, says that iodine in combination with charcoal will free the stools from typhoid bacilli very promptly. He gives from 8 to 15 minims of tincture of iodine in a glass of water from three to five times a day, wood charcoal in teaspoonful doses being given at the same intervals. In five cases in which this method was tried the bacilli promptly disappeared from the stools and did not return during a period of four months, examinations of the stools being made at five-day intervals. Discharge of bacilli in the urine may continue for a considerable period, but this can be



speedily arrested by the administration of hexamethylenamine.

**Cider**, which is harmful for recently affected gouty patients, is useful in old standing cases; that is to say, in gouty patients with hyperacidity.—Barot (Treatment).

**Topical applications** of equal parts iodine and glycerin (weaker if painful) will abort and quickly cure many acute inflammations about the nose and throat.—(Med. Fortnightly). Useful also in chronic forms.

#### **Anal Fissure Cured with Tincture of Iodine.**

Patients suffering from anal fissure are now usually operated, but Dr. Maschat in the La Prov. Med., declares that this is unnecessary and that these patients can be cured by the application of a very simple remedy, namely, tincture of iodine. Maschat has employed this method for fifteen years with uniform success. With the help of an assistant, he exposes the fissure, cleans it with cotton dipped in boiled water, and then paints it thoroughly with tincture of iodine, and that is all. This treatment is repeated three or four times at three or four day intervals. From the first day, pain is reduced, and after the third cauterization the cure is complete and permanent. The pain, while severe, especially at the first application, lasts only a few minutes, and is always easily borne; so well, in fact, that only very rarely is it found necessary to make cocaine applications.

**Urethritis in a woman** is almost invariably gonorrheal.—Urol, and Cutan. Review.

Don't treat a sciatica without a thorough physical examination. It is sometimes due to a carcinoma in the spine metastatic from an overlooked tumor of the breast.—Amer. Jour. of Surgery.

**Prolonged Pituitary Medication.**—Where it seems advisable to continue pituitary medication for some length of time, as in exophthalmic goiter, it may be more convenient to administer 1 or 1½ grains of total pituitary substance three or four times a day before meals.

**The irritability and tremor** in serious cases of exophthalmic goiter have been successfully overcome by a prolonged course of pituitary solution. The other associated manifestations, as diarrhea, insomnia, vomiting, tachycardia and dyspnea were also benefited. One cubic centimeter of the solution daily by intramuscular injection.—Dr. Harrower in Amer. Med.

**Calcium Chloride in Tuberculosis.**—Dr. T. J. Beasley, in the Indianapolis Medical Journal, makes a preliminary report on the intravenous injection of calcium chloride in the treatment of tuberculosis. He has observed that nature throws about the tubercular foci calcium salts, thus quieting the pathological process. He has also noted, which of course has also been seen by others, that at autopsies previously unknown tuberculosis reveal calcium deposits. Also that subjects succumbing

to tuberculosis show scantiness of these deposits in direct ratio to the rapidity of the progress made by the disease. A third observation is that nature does not attempt to heal other pathological processes in the lungs with calcium salts. Beasley first attempted, in imitating nature, to atomize calcium carbonate flour as fine as a hydro-carbon spray. This, however, was soon coughed up, and was found non-absorbable. By the stomach it was found utterly useless, as were other calcium salts and combinations. Beasley then hit upon the plan of trying the injection by the intravenous route. Beginning with rabbits, he followed up his experiments on the human. He records twenty-five cases. Of these two were in the incipient stage, seven moderately advanced, and sixteen in a far advanced stage. Of these, eight cases in the far advanced stage have had the process completely arrested, two have improved, two are as yet unimproved, and four have died. Those in the incipient stage are apparently cured; the seven in the moderately advanced stage, the tuberculosis process is apparently arrested. The author gives detailed reports of cases.

**Cystitis Treated by Lactic Bacillus Cultures.**—Dr. A. Newman, in the Lancet, London, says that when the symptoms point to a subacute cystitis with decomposition of urea prior to evacuation, intermittent catheterization and irrigation, followed by instillations of pure lactic bacillus cultures, may soon effect a cure. The treatment, however, must be carried out regularly, because in interrupted before the bladder is thoroughly cleansed, the pyogenic bacilli have an opportunity of reasserting themselves. The bladder must be distended as fully as possible, short of producing pain, and evacuated from four to six times at each sitting by means of a syphon arrangement; syringes are of no use. In "incrusted cystitis" the most conspicuous benefit is obtained from lactic bacillus treatment.

**Potassium Iodid in Pneumonia, Endocarditis, Etc.**—Baginsky, in a paper in Archiv. fur Kinder heilkunde, Stuttgart, deplores that so little attention has been paid to the therapeutic action of potassium iodid in treatment of acute inflammatory processes in the organs of respiration and circulation in children. His statements are based on both theoretical premises and wide practical experience. It is not a specific, but it proves a powerful aid for the child's organism, contending with severe toxic influences. The symptoms calling for it are those from insufficiency of the respiratory and cardiovascular apparatus, whether the one or the other or both are involved in the disease process. The iodid seems to act directly on the vessels and tissues of the pleura, pericardium and other serous membranes, facilitating the processes of diffusion and hence the secretory functions. Six typical cases are related in detail. One girl of twelve had acute pleurisy with effusion and the improvement under the potassium iodid was marked, the dyspnea subsided, diuresis was promoted, the effusion was mostly absorbed and the heart relieved. It was kept up for a week. In some of the other cases the force of acute pericarditis was manifestly

broken up by the irodid given every three hours in a 2 or 4 per cent. solution. The dosage ranges from 1 to 3 gm. a day. It is especially effectual in endocarditis, pericarditis and polyserositis consecutive to acute articular rheumatism.

## Hopitals; Sanatoriums.

### St. Vincent's Nursery and Baby Hospital.

A campaign to raise \$150,000 for the new buildings of this nursery and hospital at Montclair, has organized for work. Drs. W. H. Areson and M. J. Synnott are members of the finance committee.

### Hudson County Tuberculosis Hospital and Sanatorium.

In the Institution February 1, males, 121; females, 51; total, 172. Admitted during the month, 17 males and 3 females; total treated during month, 192.

Discharged improved, 3; unimproved, 5; died, 16—15 males and 1 female.

Remaining at end of the month, 117 males and 51 females, total 168. Employees, 45.

The maintenance expense per capita was \$1.046. The administration expense per capita was \$1.59.

### Bonnie Burn Sanatorium.

Dr. J. E. Rannels, superintendent of this sanatorium recently published the January report which showed that the largest number of patients during the month was 110 and the smallest 103. There were 108 present January 31, of whom twelve were in the far advanced stages of tuberculosis.

### Typhoid Vaccination in Hospital for Insane.

A report issued October 14 by the State Board of Control shows that of nearly 2,000 who have received typhoid vaccination at the Fergus Falls Hospital for the Insane within the last two years, none has contracted the disease. Five cases have occurred in the same time among unvaccinated employees.

### The Hospital and the Community.

From the Providence, R. I., Med. Jour.

In a recent article the superintendent of one of the largest hospitals in this country discusses the future development of the urban hospital and its relation to the community. Few will disagree with his statement that greater financial support is needed for privately endowed and supported hospitals which treat the worthy poor. The writer goes on to state his belief that pay clinics should be instituted in our larger hospitals, where the self-respecting patient earning a moderate wage, may receive the best medical advice and treatment without feeling that he is an object of charity. It has long been recognized that the very rich and the very poor were the two classes of our commopolitan population who could receive the best medical treatment—the rich because they were able to pay for it; the poor because it was free for the asking. The great middle class of hard-working, self-respecting citizens is oftentimes in danger of being deprived of the best medical advice be-

cause of inability to pay for consultations with specialists, and necessary X-ray and laboratory examinations.

We are not convinced, however, that the pay clinic is the best solution of the problem. Many patients prefer not to go to a hospital, feeling that by so doing they would become objects of charity. This would indeed be the case, since the fees collected from them would not always cover the cost of all examinations. The physician cheerfully gives his time at free clinics with the idea that the knowledge and experience thus gained is to be used for the benefit of his private patients, the majority of whom must necessarily come from the great middle class. The physician is accustomed to care for a considerable number of patients who pay him a moderate fee, who, if this idea were carried out, would be transferred to the pay clinic. Such a pay clinic has recently been inaugurated at the Massachusetts General Hospital, and it should be extremely interesting to follow its course and observe its results. What will happen to the physician, if this source of income be denied him? He will need to resort to a salaried position or retire to farming.

A better solution of the problem, we believe, is the institution in every large city of the group system in one of its various forms. Various groups of men practising the different specialties can associate themselves together so that the field of medicine is adequately covered. Patients may be referred to any one of this group of men, and for a fee which is within the means of the individual patient an examination can be made by as many of this group as may be necessary. This method is in every way as satisfactory to the patient and his physician and does not introduce the objectionable hospital features.

### Hospitals and Education.

It is the privilege and duty of hospitals to extend their field of usefulness by opening their wards more freely to undergraduates in medicine, to elevate the standards of work done by nurses, internes, residents and attending staff, to foster research. By so doing they are not harming the patients, but are rather insuring them better and more skilful treatment. They are serving to enlighten and educate not only the individual, but the observing public as well, eager to learn and to be instructed in knowledge of medical matters.—Herrick.

## Deaths.

CAMPBELL.—At Paterson, N. J., March 19, 1916, Dr. Charles M. Campbell, aged 59 years.

Dr. Campbell was born in Ireland, and came to this country when a young man, fortified with a fairly good education and a keen desire to become a physician. He secured a situation in the drug store of Dr. Thomas F. O'Grady, at that time conducted opposite St. John's Roman Catholic Church, and during his spare hours he applied himself diligently to the study of medicine. When Dr. O'Grady decided to retire from the drug business Dr. Campbell opened a store at the corner of Main and Mary streets, and it was while doing business there



that he took the necessary course in medicine, graduating from the Bellevue Hospital Medical College in 1894, and he has practiced medicine in Paterson since then. He was a member of the Passaic County Medical Society, the Medical Society of New Jersey and the American Medical Association.

Dr. Campbell served the city as a member of the Board of Education twice and enjoyed the work, becoming greatly interested in the public school system. His tastes, however, were not for public life, and he best enjoyed the quiet of the family gathering. He was a man of intelligence and a wide reader, and also a lover of good music. Faithful to the duties that confronted him, Dr. Campbell will be missed in many circles. He was a member of St. Agnes' Roman Catholic Church, the Knights of Columbus, State and County Medical Societies, a member of St. Joseph's Hospital staff, the C. B. L. and the Modern Woodmen. He is survived by his widow, two sons and one daughter. One of his sons is Dr. Joseph D. Campbell, of Washington, D. C.

**HATTON.**—In Camden, N. J., March 27, 1916, Dr. Louis Hatton, aged 82 years.

Dr. Hatton was born in Delaware County, Pa., in 1834; graduated from the Philadelphia College of Medicine and Surgery in 1864, and practiced medicine in Camden for about forty years.

**MECRAY.**—At Cape May, N. J., February 9, 1916, Dr. James Mecray, aged 73 years.

Dr. Mecray graduated from the Medical Department of the University of Pennsylvania in 1865. He was a veteran of the Civil War; had been councilman and city treasurer of Cape May; was a member of the Cape May Medical Society and of the Medical Society of New Jersey.

**PHYSICK.**—At Cape May, N. J., March 21, 1916, Dr. Emlen Physick, suddenly from apoplexy, aged 58 years.

#### IN MEMORIAM.

##### Dr. Emil E. Guenther.

Dr. Emil E. Guenther died on September 12th, 1915, at Mountain View, New Jersey. He was born on September 21, 1854. His father was Rev. Ulrick Guenther, a pastor of the Presbyterian Church, who came to this country early in the fifties and located in Newark in 1855. Dr. Guenther was educated in the public schools and graduated from the University of the City of New York in 1877. He was married three times and leaves a widow and five children, two sons and three daughters.

About three years ago on account of his failing in health, Dr. Guenther moved to Mountain View, where he owned a cosy home. He was assistant gynecologist, operator and obstetrician to St. Barnabas Hospital for 25 years and a surgeon to the German Hospital for a longer period. He was known by everybody who ever came in contact with him medically as a conscientious, painstaking and energetic practitioner. He was a member of Widows and Orphans Relief Society since its inception.

His surgical judgment was pre-eminent and

his willingness to serve the hospitals he was connected with knew no bounds.—E. J. Ill.

Having known Dr. Guenther many years, I take great pleasure in endorsing the eulogy of Dr. Ill, whom I asked to give me some facts in regard to the doctor from his intimate knowledge of him so long.—G. R. Kent, L. E. Hollister, Committee on Necrology.

#### IN MEMORIAM.

##### Dr. George F. M. Lamont.

Dr. Lamont was born in the year 1873. His death occurred on September 19, 1915. He graduated from the Long Island Medical College in 1896 and began practice in Brooklyn where he remained until his removal to Newark in 1902, at which time he was married. He was one of the attending physicians of the St. Barnabas Medical Clinic about 1903. He was also connected with the Newark Eye and Ear Infirmary from 1902 until 1914. In 1911 he opened an eye and ear clinic at St. Barnabas Hospital. He was a successful practitioner for nearly twenty years. His death had a peculiarly sad ending from drowning off the Jersey coast. He also was a member of the Society for the Relief of Widows and Orphans of Medical Men of New Jersey.—Geo. R. Kent, L. E. Hollister, Committee on Necrology.

#### Personal Notes.

Dr. Noble H. Adsit, Succasunna, and wife, entertained the Evening Club at their residence on March 11th.

Dr. Austin H. Coleman, Clinton, on March 10, addressed the Y. M. C. A., of Clinton, on "Safety First."

Dr. George W. Davies, Verona, has been elected Exalted Ruler of the Montclair Lodge of Elks.

Dr. Thomas S. Dedrick, Washington, was recently elected president of the local Board of Health; Dr. W. B. Creveling was appointed on the sanitary and finance committees and Dr. F. P. McKinstry on the finance and ordinance committees.

Dr. Thomas N. Gray, East Orange, recently addressed the Woman's Club of Dover on "The Better Baby Problem," and Dr. F. C. Horsford, Newark, at the same meeting spoke on "Some Preventive Measures Against Disease."

Drs. Siegfried Hussler and Henry B. Kessler, Newark, addressed the N. J. State Midwives' Association, at their banquet on March 4, when the former doctor acted as toastmaster.

Dr. Fred C. Jacobson, Newark, has moved his offices from 969 to 1074 Broad street, Newark.

Drs. A. H. Lippincott, W. K. Browning and T. M. Kain, Camden, were recently elected president, secretary and treasurer respectively of the Motor Club of Camden.

Dr. Joseph MacDonald, Jr., East Orange, describes in the American Journal of Surgery a "New and Convenient Instrument Sterilizer," designed by him.

Dr. Oscar A. Mockridge, Newark, returned last month from a visit to New Orleans.

Dr. Guy Payne, Cedar Grove, will attend the

annual meeting of the American Medico-Psychological Association which meets in New Orleans this month.

Dr. Irving F. P. Turnur, Trenton, has moved his office from East State street to the Broad Street Bank Building of that city.

Dr. Francis Tweddell, Summit, will move this month from Norwood avenue to 67 Boulevard.

Dr. Jean F. Wolfs, Newark, addressed the Current Views Club, Morristown recently on "The Control of Cancer."

Dr. Frank D. Gray, Jersey City, lectured under the auspices of the City Betterment Club, Bayonne, March 27, on "Cancer Control."

Dr. Emma C. Clark, Dover, medical inspector of schools, recently addressed the Dover General Hospital Auxiliary, basing her remarks on pathology as relating to blood tests.

Dr. Martin Cole, Hainesville, has recovered his health after a long illness.

Dr. Walter R. Elliott, West Collingswood, was chosen a member of the Grand Jury of Camden County for the April term. Four other physicians—Drs. Grace, Griscom, Litchfield and Smith—are also members of the same jury.

Dr. Benj. V. D. Hedges, Plainfield, recently returned from a stay at Pinehurst.

Dr. Edwin J. Ill, Newark, addressed the N. J. State Nurses' Association on the control of cancer April 4th.

Dr. Ephraim Morrison, Newton, who has been undergoing treatment in the Johns Hopkins Hospital, Baltimore, is reported much improved.

Dr. William A. Newell, Trenton, attended a dinner and reunion of his class, Princeton 1903, at the Hotel Savoy, New York, last month.

Dr. Henry Wallace, Glen Ridge, and wife, are spending a few weeks at Augusta, Georgia.

Quarrels would not last long if the wrong were only on one side.—La Rochefoucold.

#### PERSONALS.

Dr. Arthur W. Bingham, East Orange, read a paper on "Pathology of the New Born" at the meeting of the Orange Mountain Medical Society last month.

Dr. William S. DeVausney, Newark, was on March 2 elected a Fellow of the New York Academy of Medicine.

Dr. Edward H. Moore, Asbury, was recently elected physician of Franklin Township.

Dr. J. Mitchell Reese, Phillipsburg, was recently re-elected president of the board of managers of the State Home for Girls.

## Books Received.

*All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.*

**Progressive Medicine:** A Quarterly Digest of the Advances in the Medical and Surgical Sciences, Edited by Prof. Hobart A. Hare, of Jefferson Medical College, Philadelphia. Volume XVIII, No. 4, December 15, 1915. Published by Lea and Febiger, Philadelphia, Pa.

This number contains a most comprehensive review of the valuable work done recently in gastric diagnosis by Rehfuess and his asso-

ciates, as well as an extensive description of the work of Walsham and Wesend on gastric motility, Carlson's studies on gastric secretion, and the valuable contributions of many other writers to this subject in the recent literature. Goodman should be complimented for the valuable and readable article he has prepared.

Bloodgood in his review of the surgery during the last quarter of 1915, presents the report of the conference in First Aid, held at Washington in September, which can be read with benefit. The discussion on wounds, presents a review of the experiences of many of the world's most prominent civil and military surgeons in the present war, and offers much that is of great value. David A. Kraker.

**Painless Childbirth, Eutocia and Nitrous Oxid-Oxygen Analgesia** by Carl Henry Davis, A.B., M.D., 134 pages. Published by Forbes & Co.

This little book is a brief citation of the salient factors in the present-day aspects of the topics which form its title. Introductory allusion is made to the history and chemicals of anesthesia which leads to the conclusion that "Nitrous Oxid and Oxygen" stands, as an anesthetic, alone as not interfering, in physiological action, with normal processes. So-called "Twilight Sleep" is therefore relegated to the unnatural methods of attaining the very desirable aim of painless child-birth; this, without prejudice from the unprofessional means of advertising it which brought it so much before the laity, and likewise recognizing the skill with which it has been used by careful administrators. Amnesia is not Eutocia and the latter should be "the desire of every mother and the aim of every physician." Analgesia is the state to accomplish and the means to this end is Nitrous Oxid and Oxygen. A startling indictment against Obstetrics as it is practiced lies at the door of the profession (not the midwives) in puerperal sepsis, a greater danger, statistically, to a married woman between 15 and 45 than tuberculosis, and part of it is due to "misuse of anesthesia." The technic of administering Nitrous Oxid and Oxygen in obstetrics is described and case histories at the Presbyterian Hospital, Chicago, are cited to advance the arguments for this method of Analgesia in the aim to accomplish Eutocia. The book is to be commended. F. W. Pinneo.

**New and Non-Official Remedies.** American Medical Association, 535 No. Dearborn street, Chicago, Ill.

The profession as a whole does not as yet fully appreciate the character, the scope and above all the practical value of this book to the practicing physician. Perhaps it is because its size is so unpretentious, the price asked for it so small and the contents so conservative and unsensational in character that a hasty and superficial examination does not reveal its true worth. New and Non-Official Remedies contains descriptions of the newer remedies that are worth the physician's consideration. Being issued by the Council on Pharmacy and Chemistry, which is composed of chemists, pharmacists, pharmacologists and clinicians of the highest standing, it is authoritative; in fact, it is recognized as the standard authority on the newer remedies. When besieged by too persistent detail men, many



up-to-date physicians fortify themselves behind N. N. R., taking the standing that they cannot afford to waste time on any preparation which has not gained admittance to its pages. In the second place, N. N. R. furnishes the physician who has learned how to use it with the answers to a great many perplexing questions that arise in the course of daily practice—and in many instances it is the only book that does furnish this information. What is the distinction between the action of acetylsalicylic acid (aspirin) and that of the other salicylates? What is the comparative toxicity of the various cocain substitutes? What manufacturers furnish Bulgarian bacillus preparations—medicinal foods—organ extracts? What is the iodine strength of the non-official organic compounds of iodine compared with the official iodids? What is the standign of pneumococcus vaccine, of the Schick test—of radium therapy? Look in N. N. R.; it is there. Copies will be sent by the American Medical Association, 535 No. Dearborn street., Chicago, postpaid for one dollar (\$1.00).

**Hygiene and Sanitation** by Seneca Egbert, M. D. Published by Lea & Febiger. Philadelphia.

**Report on State Public Health Work**—Based on a Survey of State Boards of Health—Charles V. Chapin, M. D., Providence, R. I. Published by the Amer. Med. Asso'n. Chicago.

#### Reprints.

**The Cancer Patient's Dilemma**—W. S. Bainbridge.

**The Conservation of the Human Breast: A Contribution on the Prevention of Cancer**—W. S. Bainbridge.

**The Operative Treatment of Chronic Intestinal Stasis**—W. S. Bainbridge.

**The Operative Treatment of Chronic Intestinal Stasis**—W. S. Bainbridge.

#### MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Louisiana, Dec. ....	35	28	7
Missouri, June ....	151	142	9
Nebraska, June ...	18	14	4
Porto Rico, October	26	26	0
So. Carolina, June..	61	37	24

The Missouri State Board licensed twenty-one candidates through reciprocity from January 1 to May 1, 1915.

#### The Prerequisites for the Study of Medicine.

He who purposes to study medicine should have in high degree three gifts, not one of which is common among mankind, yet all of which he must have: the power of reliable observation, intellectual endurance; loyalty.—Minot.

#### Women in the Columbia Medical Dept.

The trustees of Columbia University, at a meeting on Monday of this week, voted to admit women as students in the College of Physicians and Surgeons as soon as the medical school buildings can be altered to adapt them for that purpose.

## Public Health Items.

**Responsibility of the State.**—The health of the individual is an affair of the State, since his dependency, wilful or otherwise, becomes a burden on the State directly or indirectly.—Ohio Public Health Journal.

Give me intelligent motherhood and good pre-natal conditions and I have no doubt of the future of this or any other nation.—John Burns.

"When people realize that the most valuable crop is the baby crop, the high infant mortality rate will be cut in half."

**Neglect of Health.**—In these days, half our diseases come from the neglect of the body in the overwork of the brain. In this railway age, the wear and tear of labor and intellect go on without pause or self-pity. We live longer than our forefathers, but we suffer more from a thousand artificial anxieties and cares. They fatigued only the muscles, we exhaust the finer strength of the nerves.—Bulwer.

#### Don't For the Baby.

Don't give it a pacifier.  
Don't let it go to sleep nursing the bottle.  
Don't take it up every time it frets.  
Don't rock it to sleep.  
Don't keep the room too warm.  
Don't put too much clothing on the baby.  
Don't give it soothing syrup or patent medicines.  
Don't give it any medicine unless the doctor orders it.  
Don't let flies get near the baby's food.  
Don't let anybody kiss the baby on the mouth.  
Don't take the baby where there are sick people.  
Don't take it into crowds. — N. J. Public Health News.

**Montclair a Baby Town.** — In connection with the recent observance of Baby Week in Montclair, announcement is made that during 1915 the death rate of infants under one year of age in Montclair was 65 per 1,000 births, as compared with 123 per 1,000 for the State of New Jersey, 124 for the United States, 160 for Japan, 192 for Germany, and 332 for Chile. The deaths from diarrheal disease of children under two years of age in Montclair decreased from 131 per 100,000 of population twenty-five years ago to 12 in 1915; while the number of deaths of children under five years of age decreased from 500 per 100,000 of population twenty-five years ago to 163 in 1915.

**"Preventive Medicine."**—To lengthen the interval between birth and death has been the aim of the medical profession since the days of Esculapius, but within a generation, in fact since the days of Pasteur, has arisen a new school which is destined to crowd the healers for place—the school wrongfully termed "preventive medicine," wrongfully termed because "prevention" requires no medicine; its use for the individual has passed when medi-

cine is required, except in controlling the relation of the individual to society.—William J. V. Deacon, *Am. Jour. Pub. Health.*

**Measles in New Jersey.**—An epidemic of measles among the school children of Orange and Montclair, N. J., has been reported, due, it is said, to wrong diagnoses and inefficient quarantine at the outbreak of the disease. It is stated, also, that many of the children who were sent out from day schools because suffering from the disease were permitted by their parents to attend the sessions of the Sunday-schools. The health departments have consequently issued orders that children excluded from school must not be permitted to leave their homes until the quarantine has been lifted by an official of the department.

Health Officer Finke, of Hackensack, reported at the meeting of the local Board of Health held March 16, that last month out of total of 415 cases of contagious diseases 350 of them were measles. The only way to check the spread, he said, was to close the schools and prevent children from holding gatherings. A motion to extend the quarantine period for measles and German measles from two to three weeks was approved.

In Morristown the day schools and Sabbath schools were recently closed because of the prevalence of measles.

**Embalmed Chickens and Rotten Eggs.**—Dr. William H. Iszard, health inspector, Camden, condemned over one hundred pounds of embalmed chickens and several dozens of eggs last month. The confiscations involved several stores in the South Camden business district.

Dr. Iszard states he found that an embalming fluid was being used to give the fowls coloring. It was cold storage stock and all of it was in the first stages of decay. The eggs are of the cold storage variety and were either tainted or rotten. The inspector condemned them and spoiled them with disinfectant fluid. Dr. Iszard served notice on the storekeepers where he secured the eggs and chickens that a second offense would cause prosecution.

#### Children's Tuberculosis Preventorium.

Dr. Gordon K. Dickinson, chairman of the board of managers of the Hudson County Tuberculosis Hospital, Dr. Fred Quigley, a member of the board, and Dr. Frank H. Edsall, superintendent of health of Jersey City, recommended to the Board of Freeholders, March 16, that a site near to or adjoining the County Parental Home in Bayonne be selected for a children's tuberculosis preventorium. The freeholders took no action.

The Tuberculosis Preventorium for Children at Farmingdale, N. J., has recently received a donation of \$1,000 toward the erection of a pavilion for infants under one year of age.

**Adulteration of Oysters.**—Inspectors of the Department of Agriculture have found that it has been the custom of some dealers in oysters to fatten them by soaking them in fresh wa-

ter. Oysters will not take up sufficient of the salt water in which they grow greatly to increase their bulk but will drink fresh water or water that is slightly salted. This practice obtains with oysters in the shell as well as those shucked. The practice lowers their food value and, according to the department, is an adulteration under Section 7 of the Food and Drugs Act. According to Commerce Reports, the Oysters Growers' and Dealers' Association of North America is co-operating with the Department of Agriculture in stopping interstate traffic in oysters adulterated in this manner.

**Providence Not Responsible.**—At the funeral the minister said that it had pleased Providence to take the little one from us, but the minister was wrong. Providence had nothing to do with the matter. It was bad milk that killed the baby, and humanity, not the Deity, is to blame for bad milk.

In the first place the mother thought that her "social duties" would not permit her to nurse the baby. As a matter of fact her highest duty to society required that she nurse her baby and thus give it the best chance to life and health.

In the next place the health authorities had not seen to it that mothers were informed as to the kind of milk their babies should have when necessary to feed them artificially. Nor had the health authorities taken steps to make the right kind of milk available for all mothers. In her ignorance the mother selected the wrong milk and the baby died, but Providence was not to blame.—N. J. Public Health News.

**The Social Worker.**—A promoter of social well-being ought to be actuated by the principles, and be governed by the motives, of a scientist. He should be thoroughly cognizant of those factors in human life which make or mar it; which build up or destroy cities, States and nations. His field of vision must include the unborn generations, and his sympathy must not be moved by the physical stimuli of the moment alone, but must be broad enough to comprehend the eternal impulses of mankind.—Harry H. Howett.

**Murdered by Patent Medicines.**—It is a well known fact to all who are familiar with the subject that patent medicines do not cure disease. On the other hand there are two distinct dangers inherent in this pernicious evil. The first is that through reliance upon patent medicines delay in adopting proper methods of cure may permit the disease to become so far advanced that a cure is impossible. The other is that the medicines themselves may have a deleterious effect upon the person taking them and upon the disease for which they are taken.

It is difficult to imagine a meaner man than the man who will take advantage of persons who are sick, and grasping at straws for a cure, by alluring advertisements making extravagant promises impossible of fulfillment as to the curative effects of some nostrum. If the truth were always told on tombstones too many of them would bear the inscription in large letters, "Murdered by the Get-Rich-Quick Patent Medicine Faker."—N. J. Public Health News.



### Sex Distribution in Rickets.

Dr. J. Priestley, in *British Jour. Child Diseases*, reports in the routine examination of school children of five to nine years, 75,268 in number, he had noted marked signs of rickets in 2.04 per cent. of the boys and 1.13 per cent. of the girls. During three years of this five-year period even traces of rickets were recorded. The percentage then became 27.3 for boys and 16.3 for girls, bearing out, however, the greater prevalence among males.

## DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY.

### Report for January, 1916.

**Morbidity Report for January.**—Tabulations show a total of 2,806 cases of communicable diseases reported to the State Department of Health, during the month ending January 31, 1916, of these were: Typhoid fever, 55 cases, non reported from Cape May, Hunterdon, Middlesex, Ocean, Somerset or Sussex counties; diphtheria, 699 cases, from Essex and Hudson 378, Middlesex 53, Union 53, Passaic 50, none from Cape May and Sussex; scarlet fever, 504 cases, all counties reporting cases; tuberculosis, 865 cases, increase of 84 over previous month.

Five cases of small pox, six of trachoma and three of ophthalmia neonatorum were also reported.

**Mortality Report of January.**—Four thousand four hundred and sixty-eight deaths were tabulated as occurring in New Jersey, including 29 of non-residents, showing a death rate of 18.48 for the month. By age periods there were 593 deaths of children under one year, 313 over one and under five years and 1,787 of persons aged 60 years and over—of latter 400 more than reported for previous month. The causes of death were as follows, the average for previous 12 months being given in parenthesis:

Typhoid fever, 14 (16); measles, 48 (17); scarlet fever, 6 (8); whooping cough, 33 (22); diphtheria, 58 (42); malarial fever, 0 (1); tuberculosis of lungs, 324 (320); tuberculosis of other organs, 55 (47); cancer, 171 (192); diseases of nervous system, 377 (299); diseases of circulatory system, 718 (482); diseases of respiratory system (pneumonia and tuberculosis excepted), 431 (201); pneumonia, 718 (251); infantile diarrhea, 61 (185); diseases of digestive system (infantile diarrhea excepted), 169 (193); Bright's disease, 323 (287); suicide, 30 (42); all other diseases or causes of death, 903 (685); total, 4,439 (3,290).

It will be noted that deaths from diseases of the nervous, circulatory and respiratory system were largely increased in number.

### NEW AND NON-OFFICIAL REMEDIES.

The following additional articles have been accepted by the A. M. A. Council of Pharmacy and Chemistry:

From Borchardt Malt Extract Co., Chicago:

Borchardt Dry Malt Extract; Dry Malt Soup Extract with wheat flour; Finished Malt Soup Powder.

From W. L. Cumming's Chemical Co., Lansdowne, Pa.:

Radium Bromide; Radium Carbonate; Radium Chloride; Radium Sulphate.

From Powers-Weightman-Rosengarten Co.: Calcium Phenolsulphonate.

From Merck & Co., New York:

Iron Lactate; Sodium Phosphate, Mono-basic; Dionin Tablets,  $\frac{1}{4}$  and 1 grain; Veronal-Sodium Tablets, 5 grains; Iodopin Tablets, 3 minims.

From H. K. Mulford Co., Philadelphia:

Diphtheria Toxin, Standardized (Schick).

From Hoffman-La Roche Chemical Works:

Betain Hydrochlorid, Roche; Homotropin Hydrochlorid, Roche; Theobromin and Sodium Acetate, Roche.

### Manufacturers Maintaining Ethical Standards.

The notice of the removal of the Dextri-Maltose manufacturing plant from Jersey City to Evansville, Ind., published in one of our advertising pages, deserves more than passing attention. It furnishes evidence of the natural growth of a manufacturing enterprise which is now vacating its old factory with 18,000 square feet of floor space for a new location in the Central West and in a new plant with 300,000 square feet of floor space—sixteen times larger than the old one. This removal from a comparatively small to a very large housing also affords striking proof that success awaits the manufacturer who produces something the physician really wants, and markets his products in accordance with the standards set up by doctors for the sale of products they use. The first commandment for the direction of the manufacturer under these standards is; "Thou shalt not offer to both physician and public, by advertising or otherwise, anything which requires medical skill to properly use."

This commandment has been ignored by some manufacturers of infant foods, who have persistently educated the public with pseudopediatrics, thereby tending to increase infant mortality and hampering the physician in the practice of scientific, or even rational infant feeding. But ultimate reform in the manufacture and sale of infant foods was as inevitable as the reform that has taken place in the sale of pharmaceutical products. The day of mystery and tradition in infant feeding is passing rapidly.

The recent simplification of bottle feeding, rendering it possible, without impractical complication, for the family physician to successfully adapt the diet to the individual baby, has brought about a strong conviction that the direction of infant feeding is distinctly the proper work of the physician. This conviction has in turn created a demand for forms of carbohydrate foods which can be freshly prepared in exact proportions to meet clinical indications; and for their sale without directions for use, so that the physician can personally control the administration of the food.

The firm, which announces herewith its removal from the east to larger opportunities in the west, early recognized the requirement by the medical profession for a product used in infant feeding, made and sold exclusively for physicians, with no appeal, nor information to the public. This firm deserves no special commendation for the course it has pursued, it being its duty to follow it. Reference to the sales of Dextri-Maltose is made simply to show that it is remunerative for manufacturers to treat the medical profession fairly.

## Food for Thought.

Temperance and labor are the two true physicians of man.—Rousseau.

The way to make the best of any situation is to make it better.

The man who makes no mistakes does not usually make anything.—Edward J. Phelps.

If you have lost faith in human nature, investigate and discover where you have gone wrong yourself.—Allen.

Pleasures are either recreations or dissipation. The former build up, strengthen, satisfy, but the latter waste time or health or money or energy or virtue or spirituality.

You will find that the mere resolve not to be useless, and the honest desire to help other people, will, in the quickest and delicatest ways, improve yourself.—John Ruskin.

**The High Life.**—To live in the presence of great truths and eternal laws, that is what keeps a man patient when the world ignores him and calm and unspoiled when the world praises him.—Balzac.

## Facetious Items.

Mrs. Gaybird, whose husband is ill from drink, "Well, doctor—tell me the worst."

Doctor Dosem: "Well, madam, he will recover."—Judge.

"I can't imagine what's the matter with me, doctor. I'm continually thinking about myself."

"Tut, tut! You must stop worrying over trifles!"—Evening World.

The New Nurse: "Have you seen Ethel Barrymore in 'A Country Mouse?'"

Veteran Nurse: "Yes, but she isn't so good as ethyl Chloride in Local Anesthesia."

New Nurse: "Oh, is she good? I must see her."—R. W. S.

An Irishman meeting an acquaintance and noticing his badly discolored eye, asked who gave it to him? "Nobody gave it to me," said Pat, "I had to fight like the devil for it."—J. L. G. Boston.

"So the telephone operator in the hospital is going to marry the surgeon."

"So I hear."

"Affinity of tastes, I suppose. She cuts people off and he cuts 'em up."—Baltimore American.

"Some men have no hearts," said the tramp. "I've been a-tellin' that feller I am so dead broke that I have to sleep outdoors."

"Didn't that fetch him?" asked the other.

"Naw. He tol' me he was a-doin' the same thing, and had to pay the doctor for tellin' him to do it."—Christian Register.

Doctor: "Here is your receipted bill. Thank you. Now I guess I'll take your temperature."

Patient: "Go as far as you like, Doc. That's about all I have left."—Philadelphia Press.

Student A: "How can I keep my toes from going to sleep?"

Student B: "Don't let them turn in."—Purple Cow.

"What diagnosis did the doctor make of your wife's illness?"

"Said she is suffering from overwork."

"Is that so?"

"Yes; he looked at her tongue and reached that decision immediately."—Detroit Free Press.

Doctor: "You have only a few moments left to live. Have you anything to say?"

Patient: "Only dis, doctah—dat yo've made an a'mighty quick job ob it."—Judge.

## BULLETIN No. 3

Dear Doctor:—

Advertisements are accepted for publication in our Journal for two purposes:

### First: To derive an income.

As a joint owner in this Journal you have a personal interest in all the advertisements and in the results our patrons receive

### Second: To furnish information and data for your convenience in your professional, as well as home life.

When looking through these pages, if you do not find what you want, please write us or our central office, **The Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago**, and tell us your needs.

The *Ohio State Medical Journal* puts this request to its readers very pertinently, It says:

"Don't permit anything to prevent you from reading closely the advertising announcements in this issue. There are many things in these advertising pages you should know; and be sure to keep these advertisements in mind, when you need something, or are looking up institutions for the reference of patients. These advertisers would not be here if they were not reliable. Your support of our advertisers PROTECTS you."

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## DIABETES.\*

BY WILLIAM W. BEVERIDGE, M. D.  
Asbury Park, N. J.

Some time ago I read a paper before this society on "Some Phases of Glycosuria." This paper was descriptive of the changes in metabolism that take place in the sugar phenomenon, and the various theories of diabetes, based on experimental work, largely on depancreatized dogs.

At that time little was known about the treatment of this common disease. In my former paper, the subject of treatment was entirely left out. At this time I intended to write on this phase of the subject more particularly.

However, it seems incomplete to discuss a subject of this kind without some mention at least of the great amount of work that is being done on the study of this disease. It is certain that the real cause of the sugar disturbance is still shrouded in mystery.

I have endeavored, as far as possible, to epitomize the conclusions that I believe are most generally accepted in the theory of this condition.

The real cause of this condition is primarily in the pancreas. The most tangible pathological changes are in the Islets of Langerhans. These undergo a marked degeneration. The pancreas as a ductless gland secretes a hormone that is absolutely necessary for the tissues to oxidize sugar. Here two theories pertain; both standing on purely theoretical ground. One that the economy is unable to oxidize sugar, con-

sequently it accumulates in the body and is excreted through the kidneys. The other is that of over-production purely.

The subject is a very complex one, and probably involves many organs.

A balance or equalization of the proper supply of sugar to the body is maintained by the action of the pancreas, which inhibits the process, while the adrenals and other organs of the so-called "Chromaffin system" stimulate the production and mobilization of sugar.

That the various ductless glands play a commanding role in the carbohydrate metabolism is clear. The sympathetic nervous system seems to govern the plus or minus of these activities both directly and indirectly.

Where ductless glands inhibit or stimulate, the action is as a rule reversible, two glands antagonizing, but in some instances they reinforce each other mutually. Much experimental work has been done along these lines, but the results reported are not altogether convincing.

All writers now seem to regard diabetes as a protein disease and not a carbohydrate trouble. It is often spoken of as the most pronounced expression of acidosis ever seen in the human body. It has led to many changes in our ideas of etiology. It is a condition that is alarmingly on the increase. It is a disease more common to "high life." The well-to-do suffer most. It is rarely found among the poor. It is comparatively rare among the millions of China, the rural populations of India and other countries whose people live mostly on cereals and vegetables. It is comparatively unknown among the inhabitants of New Guinea and other countries who sub-

\*Read before the Practitioners' Society of Monmouth County, February 10, 1916.

sist on sugar and fruits. In our own land, children, and particularly young girls, who might rightly be termed "candy kids," almost never have sugar in the urine, and never exhibit any manifestations of acid conditions. In the opinion of most writers, the diabetic condition is caused principally by over-eating particularly of meats and rich foods, fats and the like, which by faulty metabolism develop toxic albumenoids and acids, which are poisonous and which have to be destroyed by the liver and pancreas. This leads to over-fatigue of the pancreas with subsequent loss of function. The faulty diet is likely one of long standing, consequently permanent changes have taken place which result in degeneration of the Islands of Langerhans. As was mentioned above, this is the most definite lesion that has been determined thus far.

A very fair premise may be deducted in corroboration of this from the fact that the very men and women whose daily diet most nearly approaches the standard diet formerly prescribed for diabetics, are the very men and women in whom the cases of diabetes are most frequent and fatal.

With these facts carefully correlated as they seem to have been, it gives us a very good hint to change our old ideas of diet formerly not only recommended, but absolutely insisted on in the treatment of these cases.

Thus it is clear to see that if we regard the appearance of sugar in the urine as the signal for a strict carbohydrate free diet, we are converting the possibilities of death into a certainty sooner or later by depriving the system of functional pabula that it absolutely must have.

The Rockerfeller Institute seems to have a very simple working hypothesis for the treatment of this condition. It is very simple and rational in theory, however, in conducting a case on the lines laid down by this Institute, the most complex mathematical calculations are required, involving an amount of figuring and calculation far in advance of the ordinary patient. In fact a large amount of the course of treatment consists in instruction—self-study diet instructions and the like, so that the patient after leaving those in charge of the case, can be in a position to practically treat his or her own case, and continue the treatment for an indefinite period as may be required.

This Institute, while doing a vast amount of active research work, seems to have reported comparatively little of its results.

Its workers seem to have written far less than the writers abroad.

By a brief reference to the physiology of the pancreas, we recall that there are two ducts opening into the duodenum through which the pancreatic juice enters the digestive tract. This pancreatic juice, so-called, is a very complex body. It is capable of being split up into various component parts. Special mention is always made of its ferments, called trypsin, amyl-opsin, and pancreatin. These ferments are very important in the digestion of the intestinal content. These ferments act on the intestinal contents each according to its particular class. The trypsin on the albuminous matter, while the amyl-opsin exerts its function on starchy substances. Steapsin, another ferment, aids in the digestion of fats, while the others are also thought to exert some influence. The handling of fats seems not entirely clear. All this of course has been long taught by physiologists. This Institute believes that any one of these ferments may be deficient, while the others are practically normal.

Normally these ferments are capable of splitting up food products and completing intestinal digestion, providing the rest of the digestive tract is doing its work properly. Logically, if this is so, a person whose pancreatic insufficiency depends on an altered or abnormal secretion of trypsin, would do poorly on a diet composed largely of albuminous substances, while the same would not pertain to an individual whose powers to produce amyl-opsin were faulty, or insufficient. This no doubt would explain why the much lauded, so-called oatmeal treatment, which still has many adherents, worked out so well with some observers, and so poorly with others. For a patient whose trypsin was altered, perverted, or absent, from the long indulgence in rich nitrogenous food, the oatmeal treatment would naturally seem ideal. But if applied to one whose amyl-opsin was faulty would not work out so well.

I do not know where the credit of this theory belongs, if it proves as valuable as I think it is, but I am inclined to think from reading the literature that the suggestion at least was first offered by a man named Minkowski.

With this as a working basis, it becomes clear why instruction becomes necessary in each case, as the personal coefficient determines the limits of possibilities in each case. The only way to determine the character of the case is by a "tryout."



This is regularly done in each individual.

After the preliminary treatment, which consists for the most part, in rest in bed, and saturating the patient with alkalines, to overcome the acidity in a measure, on a very limited diet, the sugar drops to a minimum. The patient is given one kind of diet exclusively. They seem not to have a regular routine. Perhaps one pound of flour is mixed up with only carbohydrate elements, divided into twelve biscuits, and all eaten at once. Exactly two hours after each meal the urine is quantitatively examined and the sugar content noted. This is tried out with a strictly nitrogenous diet, till it is thoroughly established which ferment or ferments are faulty. By this method of exclusion the elements of food that are most harmful are discarded. Having accomplished this much, the next step is to determine the capacity one has for handling the discriminated matter. For instance, a patient who is known to have lost his ability to partake of starchy matter without showing an increase in sugar production will be given a small amount of carbohydrates at each meal. This amount is gradually increased till the maximum is reached without disturbing the sugar production. When this quantity has been once definitely determined, the patient is always kept on exactly this amount, and fed indefinitely till such time as the capacity for a larger amount has been positively found to exist.

Calories alone are used in determining the amount of food products employed in these cases, not weights and measures. For instance, if a patient is allowed an amount of food each day to represent 1500 calories the amount will vary greatly according to the kind selected, and before he leaves the hospital he must be able to determine this for himself.

If a patient has been definitely found to have the capacity to handle 300 calories of carbohydrates, he can eat what he prefers of a sufficient quantity of those articles of a starchy nature that will represent exactly this amount. The other calories must be made up of other food materials that do not contain starch.

To illustrate this matter more clearly than I could hope to do merely by description, I have obtained a diet sheet used in the hospital for that purpose. This shows almost all of the ordinary substances used for food with their caloric value in grams. (Sheet exhibited).

Each patient must provide himself with

a scales in the metric system, and learn to determine the calories according to this sheet. Of course the ordinary difficulties that would be encountered by physicians in private practice are lacking at this place.

This institute was founded and is carried on for research work. All patients understand this when they enter the hospital. They know they are there to be experimented on, so to speak, and go with that intent. The establishment was not founded to cure disease, but to learn how to cure. If they are incidentally cured, a great benefit has been accomplished. Hence there is no quibbling about tastes, fancies and dislikes as has to be contended with in private work. If a patient is given a pound of boiled turnips for a meal, with nothing else, in the interest of science, he eats the pound of turnips whether he has a taste for them or not. In this respect this place is quite unique for the large waiting list to obtain entrance to the hospital, enables them to enjoy this advantage to a larger extent than is generally supposed.

Another important feature in the treatment is a period of rest for the pancreas. This a logical deduction, and has been found to be an actual necessity, and a helpful suggestion. Consequently they have adopted the rule of requiring one day in seven of entire absence of food. This is quite in line with our ideas of therapeutics relative to other organs of the body. For instance, if we have a diseased joint, as a Potts' disease, the joint will probably require being entirely immobilized for a long period of time.

Another feature of this treatment that I believe is now only being tried out is that of enforced exercise, graduated to meet the individual needs of the case. Some play golf, others play tennis, while others are required to do different exercises. One patient was required to climb thirty-six flights of stairs as her daily work. I suppose the theory of this is that all patients who have anything left at all, have some capacity to burn sugar. However this may be very limited, but there must be some. Exercise would undoubtedly burn more sugar, and thus get rid of more of the mobilized sugar in the blood than if they were to remain quiet.

Battle Creek has also a unique method of treatment. I will not take the time to elaborate this now. It is a non-ethical institution, conducted entirely on commercial lines, but has some features for which merit is claimed. They have flooded the coun-

try with various healthy foods, etc., which are on sale even in the local pharmacies. All of these are of doubtful value, and give the Institution some cause for reflection.

Drugs seem to have lost class entirely in the treatment of the sugar disturbance. The old classical method of administering arsenic empirically, which was in vogue for many years, is now never mentioned, except in pamphlets issued by manufacturing chemists.

I do believe, however, that very creditable work is being done by some pharmaceutical houses, which are equipped with very elaborate physiological laboratories, and have in their employ some of our very best chemists and scientific men.

The enormous revenues that accrue from the sale of their products enables them to enlist the services of men that medical colleges and scientific laboratories cannot command. One house in particular I will mention, because its product will probably be mentioned in the discussion of this paper. That is the concern of G. W. Carnrick Co.

They publish a pamphlet regularly on "Metabolism," which I think is mailed pretty generally to physicians for advertising purposes, and for disseminating up-to-date knowledge on these various subjects. The contents are made up of abstract matter, consisting largely of abstracts from papers read by prominent workers at international congress meetings, and from books written by these men.

I am indebted to them for some of the expressions of theory in the early part of this paper.

### STARVATION TREATMENT IN DIABETES.\*

BY FRANK J. McLOUGHLIN, M. D.,  
Jersey City, N. J.

The treatment of diabetes has witnessed very recently some interesting and important advances which are worthy of more general attention among the profession than the subject seems to have received. The researches which have led up to these advances were originally undertaken by Thiroloix and Jacobs, but have been continued to a successful conclusion by the admirable work of Dr. Frederick M. Allen, of the Rockefeller Institute, and more recently by Dr. Elliott P. Joslin, of the Carnegie Institute. Dr. Allen announced his conclusions in a paper read at the annual

convention of the American Medical Association in June, 1914.

It has seemed to me that it would be of great advantage for us as general practitioners to familiarize ourselves with the results of his work, and I have therefore ventured to bring it briefly to your attention, although it has doubtless come to the notice of many, and may be as familiar to some of you as to me. I have recently had an opportunity to avail myself of Dr. Allen's work in the treatment of some cases with such success that I determined to present it to your consideration and suggest its wider adoption.

I think that it would be illuminating for an understanding of the subject to advert briefly to the researches which formed the basis of Dr. Allen's conclusions. They were, of course, based upon animal experimentations, conducted during a period of several years prior to 1914. As the result of these experiments the doctor arrived at the following conclusions:

"1. After the removal of sufficiently large fractions of the pancreas, dogs develop a severe diabetes, in which they show heavy glycosuria on meat diet and also during considerable periods of fasting. The condition progresses steadily downward to a fatal end.

"2. When the remnant of pancreas left *in situ* is slightly larger, a condition may be produced in which the fate depends on the diet. On meat feeding such a dog is free from glycosuria and remains so for months, eating his fill every day and maintaining full health and nutrition, with no signs of downward progress; but subcutaneous tests show that the dextrose tolerance is very low, and bread feeding rapidly produces glycosuria. A return to meat diet stops the glycosuria; but if the bread diet and accompanying glycosuria are maintained for too long a time, the glycosuria then continues, even on meat feeding. The diabetes thus produced is not inferior in severity to that resulting from the simple removal of larger fractions of pancreatic tissue, and the downward course and fatal termination are similar.

"3. When the pancreas-remnant is still larger, glycosuria is absent on meat diet, and on bread diet may be absent or transitory. Such animals may remain in excellent condition indefinitely on bread diet, free from glycosuria or any downward tendency; but if sufficient sugar is added to the diet, glycosuria can be produced and maintained. After a period of such glycosuria, the animals reach a condition in

\*Read before the Hudson County Medical Society, April 4, 1916.



which it is glycosuric on bread diet. By prolonging the glycosuria on bread diet, the dog finally reaches the condition of severe diabetes, with glycosuria on meat diet, and continuous downward progress."

These experiments have suggested certain theories concerning the etiology of human diabetes. We already knew that there is a greater prevalence of the disease among certain races, whose diet contained an excessive proportion of carbohydrates; and also among individuals whose sedentary habits and rich foods have been suggested as a predisposing cause. Dr. Allen's researches suggested to him that it is perhaps the prolonged overtaxing of the pancreas, the strength of which may vary among different races and individuals, by excessive indulgence in carbohydrate foods, may so lower the tolerance for sugars as to bring about a temporary glycosuria, which by continuance of the strain becomes permanent, passing into diabetes.

Having produced a diabetic condition experimentally, Dr. Allen proceeded to ascertain some way of checking this state of affairs, and by animal experimentation arrived at the following conclusions:

"1. In animals from which an excessive amount of pancreatic tissue is removed, a diabetes may be obtained which is so severe that fasting will not produce sugar-freedom. But when the pancreas remnant is of suitable size, for example, one-tenth, though the resulting diabetes is permanent on meat diet and will end fatally if allowed to persist, nevertheless a few days of fasting at the outset will produce sugar-freedom. If the diabetes is allowed to continue longer, a much longer period of fasting may be necessary for sugar-freedom, or it may be impossible to obtain. If, after obtaining sugar-freedom, feeding of protein and fat (with occasional bones) is begun very cautiously, in quantity only enough to maintain the animal in its thin condition, such dogs remain free from diabetes. The longest experiment to date is that of a dog which, possessing less than one-tenth of the pancreas, has been kept free from diabetes for six months, and there is at present no indication that the condition cannot be continued indefinitely. If an attempt is made to increase the weight of such an animal, glycosuria soon appears and must be checked by renewed fasting. Such dogs, though very thin, are vigorous and lively. They contrast sharply with dogs which, after similar operations, are allowed to remain diabetic on full meat diet. Though

the latter animals at first appear much better nourished, they finally emaciate in spite of the most enormous eating, and when they have become as thin as the dogs above described, weakness and cachexia are very evident, and the progress continues downward to death.

"2. Animals made diabetic by diet. When the animal possesses perhaps an eighth or a sixth of the pancreas, and is not diabetic after operation, but is then made diabetic by excess of carbohydrates, this diabetes at first can be stopped by a simple change to meat diet. After a longer duration, the diabetes no longer stops on carbohydrate-free diet; but after a period of fasting, the time depending on the severity of the diabetes, the urine becomes sugar-free. With still greater duration or severity sugar-freedom is no longer obtained by fasting of the diabetes. When such animals are made sugar-free, they may be kept so by the same procedure as described for those of the former group. When the diabetes is thus checked fairly early, it is evident that the prognosis is much more favorable."

This increased severity of diabetes resulting from a persistence of the glycosuria in animals, and the amelioration when the glycosuria is checked, naturally suggested to him the probability of a similar sequence in human beings. If the starvation of the animal organism until it becomes sugar-free and the maintenance of that non-glycosuric condition had the effect of prolonging the life of the animal, is it not a fair assumption, he reasoned, that the human organism would respond in a similar way?

This hypothesis he put to the test in a number of cases of human diabetes which came under his observation, resulting in a complete verification. His conclusions were subsequently confirmed by the clinical work of Dr. Joslin, at Washington.

The application of these animal experimentations to the clinical treatment of human beings has been elaborated by Allen and Joslin into a definite course of treatment which they have presented to the medical profession for trial and approval.

Without detailing the processes by which they arrived at their course of treatment, I will outline the finished result of their researches. The treatment is divided into six stages:

(1) Initial fasting and alcohol.

(2) Determination of the carbohydrate tolerance.

- (3) Determination of protein tolerance.
- (4) Fat tolerance.
- (5) Reappearance of sugar.
- (6) Weekly fast days.

I. *Initial Fasting and Alcohol*—If the patient is somewhat emaciated, with glycosuria and acidosis, he is put to bed and deprived of all food except alcohol in the form of whiskey or brandy from 2 to 3 oz. during the 24 hours—given in small quantities every one-third hours. If the acidosis is severe, and there seems to be danger of the development of coma, the usual treatment with alkalies and water are given.

After the glycosuria disappears the patient is kept on his fast for from 24 to 48 hours longer, depending on his strength.

II. *Determination of Carbohydrate Tolerance*—Following the fast a diet of green vegetables is given, as their carbohydrate content and food value is low, and their bulk serves to relieve the condition of emptiness which is somewhat distressing. The amount given on the first day should represent about 10-40 grams of carbohydrates, given in small portions, the quantities being readily calculated from a table of the carbohydrate and protein content of the common foods, such as may be found in Lusk's "Science of Nutrition," or any other text-book on diet.

If glycosuria remains absent, the amount of carbohydrates is increased in the next 24 hours. Allen doubles the sugar-content daily, while Joslin adds 5 grams daily—until glycosuria appears. A fast day is then interposed, whiskey being given as in the initial fast. By this means the carbohydrate tolerance is determined.

III. *Determination of Protein Tolerance*<sup>4</sup>—When the urine has again become sugar-free for two days, the protein tolerance is determined. On the first day three eggs—corresponding to 20 grams of protein—are given, and this diet is gradually increased by the addition of meat until the patient is receiving 1 gram of protein per kilogram of body-weight. But if the carbohydrate tolerance is very low the diet must consist of protein alone, comprising three-quarter gram per kilogram of body-weight.

IV. *Fat Tolerance*—While the protein tolerance is being determined fat is also given. As it is included in the meat and eggs, no more is added until the protein has reached its limit—normally 1 gram per kilogram. Then fat may be added in small

quantities daily until the patient ceases to lose weight. This, however, does not mean that the patient is to increase weight. It is not one of the aims of the treatment to increase the body-weight in order to offset the wasting of the disease, but rather to do away with those predisposing factors of the production of cachexia.

By these means is determined the ability of the patient to assimilate three different kinds of foodstuffs. This information is used to compile a diet on which he is sugar-free. This diet is then prescribed as an absolute and indefinite regimen, except in the following contingencies:

V. *Reappearance of Sugar*—The reappearance of sugar demands a fasting period of from 24 to 48 hours, after which the amount of carbohydrate in the diet is decreased one-half until the patient is sugar-free for two weeks, when it can be again increased.

VI. *Weekly Fast Days*—When the sugar tolerance is low, a weekly fast day is recommended, or the diet may be decreased one-half on one day each week, as this serves to lower the carbohydrate metabolism.

This comprises the schedule of the treatment.

Bread is seldom used in the diet because it is easy for the patient to overstep the limit; and the ordinary, so-called gluten-bread is really seldom sugar-free, although supposed to be. In my cases, after the initial fast, I allowed one cup of coffee or tea with each meal, sweetened with saccharin, but without milk.

Patients should be instructed to test their urine; the presence of sugar demands fasting until its disappearance, and thereafter a 50% diminution of the carbohydrate content during a week.

In the absence of contingencies V. and VI., or after the patient becomes sugar-free by this method, the absolute diet of prescribed carbohydrate content is continued indefinitely.

The further appearance and constant elimination of sugar at a later stage on this prescribed diet of course makes it necessary again to determine the patient's ability to assimilate sugar by the same method, and revision of the diet schedule to accommodate his altered carbohydrate tolerance.

The substitution of this regimen thus ascertained and prescribed, for the treatment previously employed for diabetes has given Joslin very encouraging results. The mortality of his patients under this treatment



was reduced from 15% to 11%, as compared with the results of the older form of treatment.

The obvious advantages of this new treatment are many. "It has made attainable the ideals of treatment, namely, a sugar-free and acid-free urine. The standards of the success of treatment are so simple that they are within the reach of the patient. At one stroke the patient is delivered from medicines, patent and otherwise, sham kinds of treatment, gluten breads, and in 99 cases out of 100 of alkalies. He can now test all measures for himself. Consider the amount of time and money saved both doctor and patient in urinary tests."

As I have said, I have been prompted to bring before you some of the advantages of the new treatment by the success which I have had with it in some recent cases of my own. One of these I have thought remarkable enough to bring the patient before you, and he has kindly consented to appear. Mr. A. is a carpenter by trade, aged 34. He first came under my observation less than two months ago, when he presented the typical appearance of a severe diabetes; he had an enormous appetite, passed excessive quantities of urine, had lost considerable weight and was so weak that he was disabled from his occupation; his urine at that time showed nearly 9% of sugar, with a very strong reaction for acetone and diacetic acid.

I put him to bed, depriving him of all food except small quantities of whiskey every three hours, i. e., the first stage of the above treatment. In less than 36 hours he was sugar-free; but curious to relate, his reaction for acetone and diacetic acid persisted. This, however, I disregarded, following Joslin's suggestion, and proceeded to the next and following stages. The acidosis, as I had expected, cleared up on the ninth day. After two weeks of hospital treatment, in the course of which he was carefully instructed as to what foods and quantities thereof to restrict himself, he had so much improved, being still sugar-free, and having gained in strength and even slightly in weight, that he was allowed to go home.

That was five weeks ago. In spite of the fact that he has not been able to adhere to his diet as well as could be desired, since he lives in a boarding house and must choose as best he may from the fare placed before him, his sugar-content (shown by weekly quantitative analyses), has not risen above 1.5%. His condition has continually

improved; he has resumed his occupation and works a full day; and though he has not gained appreciably in weight—which is not desired—you can see by his appearance how favorably the new treatment contrasts, in its results, with the old.

## EPIDERMOLYSIS BULLOSA HEREDITARIA WITH REPORT OF A CASE.\*

BY E. D. NEWMAN, M. D.,  
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This disease, one of the rarer dermatoses, is congenital, usually hereditary and seldom seen by the dermatologist before the tenth or twelfth year of the patient's life. If seen during the first weeks of life, it must be differentiated from pemphigus neonatorum, impetigo contagiosa bullosa and syphilis.

Pemphigus neonatorum appears as a rule in the first or second week of life with little disturbance of the general health; the bullae may occur on any part of the body, more frequently on the lower trunk and thighs; the contents of the bullae at first clear, become cloudy and opaque in the course of a day or two, the bullae grow flaccid and rupture.

In the mild cases, the lesions disappear in a few days; in the severe cases, there is a decided systemic infection and the patient dies. By many authors pemphigus neonatorum is viewed as a variant or contaminated type of bullous impetigo contagiosa; some authors place Ritter's disease or dermatitis exfoliativa in this same category.

Impetigo contagiosa is due either to the staphylococcus or the streptococcus and sometimes is undoubtedly due to a mixed infection, the bullous form is generally of the staphylococcic variety. In borderline cases, the disease must be studied carefully, sometimes for days before it is possible to make a positive diagnosis; in this disease the original vesicle is small, pea size or less, and becomes larger by peripheral extension. Some absolutely characteristic lesions may be found on other parts of the body; it will be noticed that constitutional symptoms are very slight or more often entirely absent;

\*Read (with case presentation) before the Essex County Pathological and Anatomical Society, April 13, 1916.

it is usually self-limited and does not follow the course of the disease under consideration.

In congenital syphilis, the general appearance of the child is noticeable; it seems to be poorly nourished, thin, with wrinkled skin, snuffles, has a hoarse cry and lesions upon the skin and mucous membranes; while the lesions may be general in distribution, there are sites of predilection, the angles of the mouth, the nose, the palms, the soles, the genital folds and anus.

The bullae may either be flaccid or tense, the base is infiltrated and of a brownish or coppery color, and interspersed with the bullae a careful search will undoubtedly reveal lesions, maculopapular or papular in character.

In the disease under consideration, as the name implies, we have a bullous rash occurring first in infancy, at birth or shortly thereafter and as a rule with a history of previous occurrence in some of the ancestry of the patient.

The immediate causes for the formation of bullae are pressure, mechanical irritation or the slightest traumatism. The actual manner of the formation and the nature of the bullae, whether inflammatory or not, have not as yet been determined; whether the outpouring of the serum causes the epidermis to be lifted up, or whether the epidermis is first lifted up, followed by the exudation of serum has not been positively established.

Many theories have been evolved in endeavors to explain the underlying causes for the formation of a bulla, histological examinations and deductions therefrom have not, up to the present time, enabled us to draw positive conclusions.

Luithen quoted by Wise<sup>1</sup> described two forms of this disease; the simple and the dystrophic.

In the simple form, the lesions appear at birth or within two years after birth. The mucous membranes are seldom affected. The bullae heal without leaving scars. No permanent or extensive alterations in skin occur as a result of the disease, sometimes there is temporary pigmentation, due to scratching or other injuries.

In the dystrophic form, the hereditary feature is not as constant as in the simple form. In this form, the contents of the bullae are more apt to be hemorrhagic, especially in the bullae occurring upon the

extremities. As in the simple form, bullae may occur on any part of the body subjected to traumatism but do occur more often upon the extremities, frequently the lesions are symmetrical in their distribution. Crusts and scabs are produced after collapse of the bullae; pigmentation and scarring varying in degree and extent are found at the site of pre-existing bullae. Nearly always is there permanent alteration of the skin, particularly that of the extremities.

Milium-like cysts occur at the site of previous lesions or independent of the same; these may disappear or persist indefinitely. All these cases present nail degeneration, sometimes the nails are absent at birth or are lost shortly thereafter; if present they may be lustreless, thickened, lamellated or deformed. The mucous membrane of the buccal cavity may be affected; the lips may show scarring. The general health is unaffected. The case report that follows is typical of the dystrophic class of epidermolysis bullosa.

Case Report—I. S., referred to me by Dr. Frank Kaufhold, aged three, born in the United States, both parents born in Italy. Father does not recall any similar disease in his or his wife's family prior to its appearance on a baby boy, born seven and a half years ago; at birth, a bulla was observed on the baby's chest, and the child was never free therefrom until its death, which occurred when 18 months of age. The baby died of some form of meningitis. The youngest child, now one year of age, had one bulla over the right wrist at the age of one month, this disappeared and no other lesion has since developed.

In the case here presented, when six days old, a bulla on right forearm was noticed by the parents, since which time it was the exception to be without one or more bullae; the contents of the bullae were generally straw-colored, but sometimes darker, especially those occurring on the hands and feet. It was noticed that the slightest injury or a fair amount of pressure of the clothing caused the formation of bullae.

On examination February 29, 1916, patient looked healthy and well-nourished; hair of head unaffected. The nails of hands and feet have (to a large degree) been lost, those remaining were lustreless and deformed. The skin covering the terminal phalanges was reddened, wrinkled and to some extent atrophied. The regions of the elbows, knees, ankles, waist line, shins, but-

1. Wise—Journal of Cutaneous Diseases. June, 1915, page 411.



tocks, and axillae showed reddened patches of varying size and intensity of color, the sites of previous bullae; the color disappeared slowly on pressure, leaving slight pigmentation and fine scarring in some of these patches.

The mucous membrane of the tongue and buccal cavity was denuded and a small bulla was noticed on the left side of the tongue near the tip. Milium-like cysts were found circumscribed and scattered over various parts of the body, particularly noticeable over the knees, on the fingers and the rims of the ears. A number of crusts and scabs of varying size were noted on the chest, forearms, fingers and angle of the mouth.

Bullae present—one, about the size of a silver dollar on anterior and external side of left wrist; the color of contents was light red and somewhat cloudy; another about the size of a fifty-cent piece, on right knee, another about the size of a nickel on middle finger of right hand. At other opportunities for observation, new bullae have been noted on various parts of the body but more often upon the hands, feet and fingers, with the same characteristics as before described.

Microscopic examination of the contents of a bulla showed a large number of leucocytes and some red blood cells. A culture showed a growth of almost pure staphylococcus.

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#### A PHYSICIAN'S IDEA OF PREPAREDNESS.\*

BY PALMER A. POTTER, B. S., M. D.,  
East Orange, N. J.

In one way the man in business is more fortunate than those in our profession and that is in his ability to rub elbows with the world and to be in more or less constant contact with other men. Our horizon is apparently more apt to be limited to our profession, and as our business hours are never over, though our office hours may be, so the thoughts of our profession, or business as we may call it, are with us more or less constantly. This is true, even in the social hours of our medical societies, and however hard we may try to avoid the subject, we always revert, sooner or later, to what is constantly alert in our subjective consciousness—our business and its worries. This cer-

tainly predisposes to arteriosclerosis, if it is, as Crile and others think, usually or at least often, due to mental strain. For self-preservation, if for no other reason, those in our profession should have a hobby, or at least something to do frequently that is entirely different from our ordinary routine, something that will put us among new faces, and give us new ideas and new lines of thought.

My recreation, main interest outside of business, and means of obtaining exercise, are in the National Guard. I am one of Bryan's million men who will, at some imaginary time, spring to arms in a single night. I have been springing now for fourteen years, and have not gone very far; far enough, however, to learn one fact that I want to impress upon you, as representative of the great and, on this matter, ignorant American public, and that is, that it takes a long time to make a soldier. Putting a scalpel in the hands of a man with a white coat does not make a surgeon, any more than putting a gun in the hands of a man in khaki, however earnest and patriotic he may be, makes a soldier.

The first most important thing in the making of a real soldier is, by hard, steady, constant and intensive training, to make him lose his inhibitory impulses. To be a real soldier the response to an order must be as invariable and instantaneous as the knee jerk in a case of lateral sclerosis. Then, and then only, does a man acquire the basis of soldiering. That is the sole object of the sought for accuracy in marching and the manual for which some organizations are famed. The drill itself is of absolutely no use in actual combat or warfare, but in an efficient army every cog in the machine must do its own work thoroughly. If one slips the whole machine may fall to pieces. This is avoided only by every piece of the machine doing what the man in charge directs. This means un-failing and immediate obedience, another name for discipline, something which we, as a nation, entirely lack. When a man, by this hard, steady training, acquires this reflex of obedience, then and then only, is he ready to learn to be a soldier. How many young Americans could ever learn the first lesson? And then when one does learn it, he is merely on the threshold of the art. For after that he has to be taught to shoot and to care for his rifle, almost as delicate as a watch. A soldier without a rifle is deadwood, merely a useless man who takes up the food of more useful peo-

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\*Read as the President's Address before the Practitioners' Society of the Oranges, January, 1916.

ple. He has to learn to cook, to care for his feet, if an infantryman, or for his horse, if a cavalryman, and he must learn how to go twenty-five miles a day, carrying fifty pounds, take a few hours sleep, and do it over again. He must learn how to read military maps and to signal with flags, and the essentials of hygiene and first aid. It is for want of such thorough training and knowledge that our improvised armies of unorganized militia have almost uniformly met defeat when opposed to trained troops.

A factor apparently lost sight of by those who can conceive the possibility of the almost instantaneous formation of an efficient army of defense, is in the necessity of the constant furnishing to this army—suddenly sprung, full grown from the loins of the nation—of food, water and ammunition. An army must, in the face of the enemy, have their supply of ammunition continually replenished. Without ammunition, an army must either retreat or surrender.

An army, even of home defense, is made up of men, who like other men, must eat and drink. Unless these are more or less constantly supplied, an organized body soon becomes disorganized; for hunger and thirst are things that even discipline cannot overcome. An army without food and water soon ceases to be an army and splits up into disorganized bands, most of them surrendering to the enemy and only a small proportion of them ever finding their way back to their own base.

To furnish these essentials to an army sufficiently large in these days, for adequate defense, requires great natural ability and knowledge, and above all, training and practice. It needs an ability and experience easily equal to that required to run one of our large corporations, and we all know that the Steel Trust and the Standard Oil do not pick their managers from those who joined the company the day before.

Since our government has gone somewhat seriously into the training of an army, I have attended three army manoeuvres, once, some years ago, at the first manoeuvres held since the Civil War, as a surgeon, since then I have been to two others as a private soldier. At none of these did the number of troops engaged exceed 24,000, a number of no significance at all, compared with what would be necessary in case our country were ever compelled to defend our coasts from invasion. At the first manoeuvres although the staff duties—by this I mean the supply—were in the

hands of regular army officers with splendid theoretical knowledge but no practice, I went, as did thousands of others, for thirty-six hours with no food.

Just imagine, for an instant, that the inhabitants of the Oranges were transformed into an army on their way to defend their country against an invader. They would represent in numbers only about two divisions or one corps of small size, a practically negligible number. Imagine, if you will, that this army, all the inhabitants of the Oranges, marches west over the first and second mountains, and camps, for the first night, about fifteen or twenty miles from here. Where will they get water for drinking and cooking? They cannot carry with them the artesian wells of East Orange, or the Orange reservoir. Remember that this small army, only one corps, and of little account in a battle because of insufficient numbers, stretches for miles along the road, or more likely two parallel roads. Whenever this column halts and falls out for rest, every well within walking distance is sucked dry within fifteen minutes and when the tail of the column gets up to where many hours before the head rested, there is no water to be obtained. I know this, for I have seen it happen many times with a small marching body of only 12,000 men, and have seen water sell readily for five cents a half-glass full. And yet we in this country think that the sons of politicians—as was exemplified during the trouble with Spain—are born with this inherent knowledge of how to supply an army, and nobody here requires any practice or training.

I am dwelling on this rather at length, against my anticipations, for I feel very strongly on the subject. For we, neither as a nation nor as individuals, realize how this may come home to us at some future time and on a moment's notice. I am not one to believe we have anything to fear from any particular one of the unfortunate nations now engaged in conflict, but it is my belief that this, one of the oldest governments in existence, is now, and always has been, living in a fool's paradise. It takes two to make peace, but only one to make a quarrel. Only a year or two ago we made war on twenty-four hours' notice on a neighboring nation but the conflict "died a borning" as we had no army with which to back it up and, fortunately for us, they had none either, or we should have been badly beaten.

I yield superiority to no one in intense



enthusiasm for the principles of pacificism. On both mental and physical grounds am I absolutely and beyond argument in favor of it; mentally because nobody but a fool wants to fight, and physically because twice in the last three years I have been informed by the Surgeon General's Department of the U. S. Army that, as a member of the Medical Reserve Corps I might consider myself liable to field duty at a moment's notice, and no one is fonder of my living head than I am. But that the individuals who are the component parts of a nation do not, as individuals, want to fight, does not make that nation any less quarrelsome. The psychology of a mob—and this has been exhaustively investigated—is not that of the component parts of that mob. A mob will do things that none of the individuals in that mob, as individuals, will do. In the same way the morality of a nation is not the same, and cannot be judged by the same standards, as the morality of the individuals making up that nation.

Just as the philogenetic and the ontogenetic series run parallel courses and are fairly analogous, in other words, the evolution and growth of the individual go through the various stages of all his previous ancestors, so the race or nations go through the stages in growth incidental to the development of those who make up the nations. If this be so, and I think it is, nations and government of the present have not developed beyond the quarrelsome boyhood stage, where arguments are the rule and amicable relations merely the interval between two fights.

I know of nothing better for a boy or young man than military training. It instills obedience and respect for authority, the latter particularly of benefit, for the average American boy grows up with absolutely no respect for age, authority, law or self. He is seldom disciplined and made to obey at home, as a child. The law does not permit even the threat of discipline in the school, and yet physical restraint and punishment is the only form of discipline appreciated by the boy. For the boy of school age, so prone to run in packs, according to G. Stanley Hall, the noted educator, has, in the philogenetic series, about reached the era of the dog or wolf. "As the twig is bent, so the tree is inclined" and lack of discipline either in childhood or adolescence brings many of our young men to manhood fitted to serve or to think of no one but themselves. Our lawlessness makes us, as a nation, internationally no-

torious, for we have 64 times as many murders per thousand as law abiding and disciplined Germany. And last, but not least, in the list of benefits to the individual, and thus to the nation, through military training, is the instilling of patriotism.

The patriotism of this country is largely a lip service. Comparatively few through the country at large are willing to subject themselves to a little healthy discipline and exercise in the army or militia for the sake of the nation. We stand up, some of us, when "The Star Spangled Banner" is played, and then talk about the government doing certain things. We forget that this huge intangible something we call "The Government" is made up, in its component parts, of each and every one of us—that we, ourselves, are the Government.

Many reasons have been advanced for the gradual recession and final fall of the great Roman Empire, but Ferraro's theory is that the increasing urbanization of the Roman population made it difficult to get soldiers. Prof. Cramb, the late London historian, believed also that the underlying cause was the increasing lack of interest among the Roman citizens in military matters. Their defence and fighting was finally done by hired men, just as it is in the two great nations representing the Anglo-Saxon race at the present day.

The laws of Nature, and the laws that govern the development and decline of nations are inexorable. That which was true at the time of the sackings of Rome, and was true when Constantinople was captured by the Turks, is true to-day. No nation that is not military can for long survive.

A motto in the armory of the organization to which I belong—an organization that has furnished considerably over a thousand commissioned officers for the armies of our country in times of war—says: "That a man will serve his country in time of war is noble, brave, and patriotic, that a man will, in time of peace, learn to properly serve his country in war, is all these and more."

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Watch out for those peculiar round, deep ulcers on the legs, calves chiefly, of girls about puberty; and don't make a diagnosis of syphilis till you have excluded Bazin's disease.

Never fail to make a section and examine microscopically for carcinoma when you are consulted for an ulcer with a "rampart" border.

Remember that an irritable ulcer has nerve-endings exposed in its floor. Locate the sensitive points with a probe, and apply pure carbolic acid to them.—Bernays' Golden Rules of Surgery.

## Clinical Reports.

### A CASE OF GASTRIC HÆMORRHAGE WITH TRANSFUSION AND RECOVERY.

BY EDGAR A. ILL, M. D.,  
Newark, N. J.

The following case prompted me to look up the subject of ulcers and hæmorrhage of the stomach in children. On December 28th, 1915, I was called to Fairmount, N. J., to see a child 12 years old who had previously been perfectly well. She had had the ordinary diseases of childhood and had never been seriously sick. Her father and mother were both healthy and there was no history of hæmorrhage on either side of the family. At the time of her birth her mother had a severe labor and was badly torn and therefore had no other children.

About two hours after an ordinary meal while talking with her mother, the child suddenly became nauseated and then vomited a large amount of blood. The blood was liquid and bright red and there was no food with it. Her doctor was sent for and because of the distance he had to travel, arrived about an hour later. In the meantime the child had three more vomiting spells, each time vomiting large amounts of blood. On arrival the doctor found the child he described as being pale, restless, but prostrated, pulse 130, resp. 30, and in great fear and very thirsty. He said that everything was covered with blood. Two hours later she had another severe hæmorrhage. The doctor said that he couldn't see how she could lose any more blood, and still live. He sent to a nearby town and transfusion by the syringe method was attempted and it failed. I saw the child the next evening and nineteen hours had elapsed since the last hæmorrhage. Her doctor had given her opium and bismuth in small doses. Her pulse was 110, of good quality, she was quiet, her face and lips were white, she was very thirsty, and begged for food and water. I was called to do a transfusion but advised against it, as I thought the child was doing well enough, and feared an increase of blood pressure and more hæmorrhage. She was fed by rectum with water and peptonized milk, and enough opium to keep her quiet. For the next three days she did fairly well, having absorbed one quart of water and one quart of peptonized milk a day. There were

no further hæmorrhages. On the morning of the fourth day she became very weak, her pulse gradually became weaker, and rose to 180 or 190; there was deep sighing and frequent respirations. I saw her again that evening, that is, January 1st, 1916; her pulse was almost imperceptible, 180 to 200 beats a minute; she was unconscious but could be aroused; her face and lips and mucous membrane were absolutely pale and white. As she had no more hæmorrhages, I thought it proper to transfuse her at this time. Hæmorrhage into the cavity of the stomach in children may also be due to the following pathological conditions: Luekæmia, hæmophilia, or rarely vicarious menstruation, scurvy, acute atrophy of the liver, in some acute infections, poisoning from phosphorus, strychnine, and morphine, and in severe vomiting. In nursing infants the blood may be swallowed from the mother's breasts and then vomited. It was impossible to compare biologically her blood with that of the father who was to be the donor. The child had no blood to lose, and we were on a farm ten or twelve miles from the nearest railroad. Under novacaine anæsthesia the radial artery of the donor was dissected out for a distance of about one and one-half inches; this was covered with a compress of normal salt solution. No anæsthesia was necessary for the child. Her medium basilic vein was dissected out, and this was difficult to find because of the very pale condition of the tissues. There was absolutely no bleeding. With an ordinary sphygmometer cuff on the arm of the donor the flow of blood through the artery was controlled. I had previously placed two ligatures under the artery of the donor, and under the vein of the recipient. The artery was cut half way across, a small, straight Brewer transfusion tube coated with parafine inside and outside was inserted into the proximal side of the artery and tied in place by ligature. The distal portion was tied and by releasing the pressure in the cuff a little blood was allowed to flow through the tube. The vein was then cut across and while blood was slowly flowing out of the tube, it was inserted into the vein and held there by the ligatures previously placed there. By slowly releasing the pressure in the cuff, the blood flow was increased until distinct pulsations were felt in the child's vein. The changes which took place in this child during the transfusion were most interesting. Gradually a pinkish color returned to her lips,



and then to her cheeks, and very soon she became conscious, complained of pain on the side of the operation, recognized her father and her uncle, who held the lamp, and complained of feeling warm. Her pulse became full, of good quality, and gradually dropped to 120 beats per minute. The donor's pulse rose from 72 to 96 beats per minute. The child was now perfectly conscious, and her deep sighing respirations had ceased. The blood was allowed to flow from about twenty to twenty-five minutes. Then the tube was withdrawn and the blood vessels ligated, and the wound closed by catgut suture. My experience with transfusion has been very small, and to me this was a remarkable picture.

I have gone into a detailed description because of the use of a blood pressure cuff, and some observations I made. I had no trouble with clotting. I believe that the small clamps which are ordinarily used injure the intima of the artery and this is the real cause of clotting. The flow of blood from the artery was entirely under my control, both before and during the transfusion. I could easily allow a small stream of blood to flow while the tube was being inserted into the vein. This assured me that the blood could not be clotted, that no air was forced into the veins. I was also able to have a slow and steady stream, thus avoiding a sudden increase of pressure in the recipient and a dilatation of the heart, which is a danger. The donor's normal blood pressure was 120 mm. of mercury, however, it took from 160 to 20 mm. of pressure to entirely close off the flow of blood through the artery. The blood pressure readings which we take are not actual blood pressure, they are pressure readings which close off the pulsation beats. In a second transfusion, I made blood pressure observations with a similar finding; this man's normal pressure as taken with the sphygmometer was 120, his artery was opened with blood pressure cuff at 120, and the blood did not stop flowing although there were no pulsations until 20 mm. of mercury pressure was recorded. It can be seen therefore that all our blood pressure readings when the arteries are more or less sclerosed are not real, but are merely a shutting off of the pulsation.

It is now about three months since the transfusion, she has remained well with the exception of a little blood which she expectorated two hours after the transfusion, there has been no hæmorrhage. She has been fed by mouth, takes her food well

and has no nausea or pain. Her pulse rate is normal, color is fair and condition is good.

Her father lately asked me what she could eat and told me that she was now eating sausage and buckwheat cakes and wanted to know if it was advisable to allow her ordinary food. Because of the fact that she was eating sausage and buckwheat cakes I allowed her a general diet. I wish especially to make note of the fact that during all this work I was most ably assisted by Dr. F. A. Apgar, of New Germantown, and it was through his care and vigilance that I believe the child got well.

In looking up the subject of hæmorrhage of the stomach in children, I have been able to find very few reports. Ulcer is commonest in females from the fifteenth to the thirtieth year. In a series of 250 autopsies at the Berlin Pathological Institute no cases were found in children. In a series of 20 cases studied by Cutler, 9 were found between the ages of 8 and 13 years of age; Kudrat, of Vienna, speaks of having frequently found minute pin-head ulcers in children who died of gastric hæmorrhage. Holt has seen only a few cases as reported in his book. Children do not have typical or other symptoms of ulcer of the stomach, and the first symptom is often a severe hæmorrhage. This was true of the case which I have just reported. The fact that trauma may be a cause is shown in my case. For ten days before this child was playing with a sled what children commonly term "belly woppers," Rokitsky holds that trauma is a cause of hæmorrhage under the mucous membrane and the hæmorrhage dissecting off the mucous membrane, thereby causing a slough with a resulting ulcer. In some cases which have died, autopsy has shown that there is no apparent cause for hæmorrhage.

I believe my case was an acute ulcer, which is now healed.

*Prognosis*—Hæmorrhage is a dangerous symptom of gastric ulcer. According to Moynihan it is the cause of death in about half of the cases. Dr. Fithian, of Perth Amboy, reported a case of ulcer of the stomach and hæmorrhage in a child one year old who had previously been perfectly well and who died a few hours after a very severe hæmorrhage.

I wish to especially note the interesting phenomena in regard to the blood pressure readings; namely, our blood pressure readings are not actual pressure but a shutting off of pulsations, for in both of my cases

the normal blood pressure, taken with the sphygmometer was 120, and yet it took 190 to 200 mm. of pressure to shut off the circulation.

### DIAPHRAGMATIC HERNIA.

REPORTED BY EDWIN FIELD, M. D.,  
Red Bank, N. J.

I wish to report the following case: J. M. had been a training boy and jockey in racing stables and at the time of his present sickness was janitor in a racing stable boarding house, with no history of any previous illness whatever. He was taken suddenly with a sharp pain in the left epigastric region, four days before his admission to the hospital, this pain was continuous, with no vomiting and no bowel movements and very little distension. Admitted to the Monmouth Hospital, March 27, 1916, temperature 99.2, pulse 90, respiration 24. He had pain in the left epigastric region with marked tenderness, no nausea or vomiting and no action of the bowels, moderately distended, enemas returned with blood and mucus but no feces; during the night he complained of pain in the left shoulder and back and in the cardiac region. On March 28th, a watery fluid was expelled from the bowels with blood and mucus and a piece of mucous membrane; temperature 101, pulse 134, respiration 50, painful, shallow and labored, no vomiting.

Operation: The small intestines were flat and empty, the caecum ascending and part of the transverse colon were distended, filling the abdomen. The colon at the splenic flexure had ascended through an opening an inch in diameter, in the diaphragm to the left and posteriorly and behind the lung into the pleural cavity; nine inches of the transverse and descending colon were involved in the hernia; there were some fresh adhesions and this portion of the intestines was distended with gas.

### Total Occlusion of the Right External Auditory Meatus.

Dr. L. A. Laurence, in the Proceedings of the Royal Society of Medicine, reports this condition in a woman aged 31, who was sent to the hospital for pain in the right ear, in all probability due to a carious tooth. Examination revealed occlusion of the right meatus by a smooth partition stretching completely across the space about a third of the depth from the surface. No moisture or discharge was present, and no other deformity was found. The Eustachian tubes were both patent, and rales were heard on both sides

through a passed Eustachian catheter. The left ear was normal. The patient could hear an acoumometer two inches from the right ear. The condition, the reporter said, was evidently congenital.

### Transverse Rupture of Biceps Muscle.

Drs. F. E. and G. L. Boyden, Pendleton, Oregon, report this case in Northwest Medicine:

B. G., male, age 23 years, single, was injured in the stage coach race at the pendleton "Round Up" September 24, 1914, when the coach turned over. Was seen by us about three minutes after the injury, when there appeared a depression in the left arm, between the separated ends of the fleshy portion of the biceps muscle. The humerus could be easily felt. The patient was taken to St. Anthony's Hospital and again seen about one hour later, when the depression was filled in and swollen so that the cut ends could not be felt. The swelling fluctuated, showing it to be fluid. Patient complained of much pain. He was next seen the following morning, at which time an operation was advised.

Operation September 25. We found the skin, subcutaneous tissue, muscle sheath and humerus without injury, but the fleshy belly of the biceps muscle was divided transversely, all fibres being separated. Upon opening the sheath about six ounces of dark blood run out. By means of several mattress sutures the separated edges were brought together and the wound closed without drainage, the arm being put up in flexion and bound to the chest. This dressing was left on for one week when the arm was simply carried in a sling. There was some discharge of serum for three weeks, when the patient was discharged.

December 12 patient reported. The arm had regained its former strength and the depression caused by the injury had filled in nearly to size of other arm.

### Prolapse of Lung.

Dr. J. N. Kilner, in the London Lancet, December 4, reports this case.

His patient, a male, about 30 years old, had suffered for two years from epigastric pain brought on by food. He often obtained relief by inducing vomiting. A swelling occasionally appeared above and to the right of the umbilicus. During examination pain was elicited by deep pressure at a point external to the right rectus abdominis muscle and about 2 inches below the costal margin. The uppermost segment of the right rectus was slightly rigid. An ill-defined thickening could be felt along the lower edge of the liver in the region of the ninth costal cartilage. Immediately after the examination has been concluded a tumor, measuring about 2 inches by 1½ inches, suddenly appeared at the point of intersection of the mid-Poupart and infracostal lines. The long axis was transverse. The swelling rapidly spread up to the middle line and showed irregular movements, which, passing from right to left, were puzzling and difficult to explain. On palpation the tumor was ill-defined, soft and boggy. It could not be reduced. There was no pain or tenderness. The percussion note was flat. After remaining visible for some minutes the swelling vanished.



The abdomen was opened by an incision to the right of the middle line. A bubble of gas, 2 or 3 c.c. in volume, appeared\* for a moment beneath the peritoneum just as this was incised. Nothing abnormal was found in the abdomen until the gas bubble appeared again from beneath the costal margin and was found to lie between the folds of the falciform ligament of the liver. It was followed immediately by a pyramidal mass of tissue, of which a portion 3 inches long and 3 inches broad at the base presented below the costal margin. This, which was evidently right lung, was dull red in color, firm and elastic to the touch, and easily reduced into the thorax through an oval opening in the diaphragm. The opening admitted three fingers and was bounded in front by the posterior surface of the lower part of the body of the sternum, and behind by a right arch. The xiphisternal and adjacent costal fibers of the diaphragm appeared to be deficient. A finger passed through the opening toward the left rested on the pericardium. No attempt could be made to close the opening in the diaphragm. The abdominal wound was sewn up, and it healed by first intention. A week after the operation the patient had a severe hemorrhage from the lungs. A second hemorrhage, nearly as profuse, occurred forty-eight hours later. Recovery from the effects of the bleeding was rapid. When he left the hospital a month later his general condition was satisfactory and there had been no recurrence of either tumor or pain.

#### Fatal Poisoning by Application of Resorcin.

Dr. C. Boeck, in the *Dermatologische Woch.* Christiania, says that he had often made extensive use of mucilaginous mixtures containing resorcin in the treatment of lupus. He had never had any mishaps with it, even in a strength of 33 per cent. and more, until recently when he applied a 25 per cent. resorcin mixture to the greater part of the calf of a boy of 16. The lad had had lupus since the age of 3 and it had extended until the entire left leg and most of the left arm were involved. Half an hour after the application to the leg, made where the epithelium was intact throughout, the lad became restless and screamed with pain but soon quieted down. An hour and a half after the paste had been applied, he was found unconscious and cyanotic. Convulsion followed and the boy died nine hours after the application, without regaining consciousness. The formula for the paste was 15 parts resorcin; 15 parts talcum, and 30 parts gelatin base. Boeck has found three cases on record of similar toxic action from resorcin, but the two adults recovered. An infant, 11 days old, who had been treated with a 3 per cent. resorcinated petrolatum for pemphigus, died with symptoms of acute poisoning. The syndrome in all was the same as in Boeck's case.

#### An Interesting Obstetrical Case.

Reported by Dr. Isidor Eckert, New York, in the *Medical Record*.

Mrs. M. M., aged 24 years, engaged me to attend her in her first confinement almost three and one-half years ago. After the usual antepartum examination, I informed her that everything was normal and that, barring any

unforeseen complication, she should have a normal delivery at full term. She was later influenced to change her plans and entered one of our large hospitals to be confined there by one of its attending obstetricians. After she had been in labor but a few hours, the obstetrician told her that she was suffering from a deformed pelvis and could never deliver her baby and that a Cesarean section would have to be performed. The operation was successfully performed and a 6½ pound living boy was born, the mother making an uneventful recovery.

Patient again became pregnant and on consulting her former attending obstetrician, was told that a Cesarean section would again have to be done. During the course of her pregnancy, she also consulted me and, in her conversation, recalled to my mind what I had told her during her first pregnancy and said if I could assure her of a normal delivery at the termination of this pregnancy, she desired me to attend her in her second confinement. After the usual antepartum examination, I again informed her that, barring any unforeseen complication, she should have a normal delivery. On Friday, August 13, 1915, after an actual labor lasting about twelve hours, she gave birth to a living boy, weighing 7¼ pounds. In this connection, it is also interesting to mention the fact that 1 c.c. pituitrin was given intramuscularly to hasten delivery during a tedious perineal stage.

This case is reported to show, firstly, how as a result of a grossly inaccurate diagnosis a patient was subjected to the risks of a major surgical operation; secondly, the possibility of a normal delivery following a Cesarean section, and thirdly, the comparative safety in the use of pituitrin in properly indicated conditions even in a previously wounded uterus.

#### Inoculation of Lupus Vulgaris with Streptococcus.

Reported by Dr. C. P. Brewer, Fort Worth, Texas, in the *Texas State Journal of Medicine*, May, 1915.

In November, 1902, a man was brought to my office for treatment, and on examination his case proved to be erysipelas, with an ischio-rectal abscess and extensive necrosis of the spongy parts between the rectum and the ischium. I made a free incision and there was a flow of dark sero-purulent material. I stood over the patient and watched its flow for sometime and thought of the words of one of my medical friends who, a few days before, had said when we met on the street corner, "Brewer, you ought to have that cancer cut out of your face." Then came the writings of Coley, and of others who had for years been urging that inoculation with mixed toxins of the streptococcus pyogenus and the bacillus prodigiosus, would cure sarcoma of the spindle-celled variety. I possessed no means of ascertaining the variety of my own, but the dictum of a former teacher was too weighty for me to ignore, and here was mixed toxin. Erysipelas was dangerous, but so also was cancer. I dipped my middle finger into the black stream and lifted it to the sore on my face and rubbed it in. This was done at about 10 A. M., Monday. At about 8.30 P. M. the Wednesday following, I was in church and felt

lightning-like pains for a moment or so in the site of the sore. A doctor sat just in front of me, and I requested him to inspect the place; he did so, and told me of an areola extending about half an inch beyond the border of the ulcer. At nine o'clock we were on the street, and the doctor announced that the areola had spread to the middle of my right cheek and across the bridge of my nose. At 12, midnight, I was unable to see and was restless. My temperature was 103° F. At 5 A. M. I was unconscious, in which condition I remained until 11 o'clock of the fifth day, Monday morning. When I awoke I could see nothing, but in a few hours I was not only able to see, but the swelling had so rapidly subsided that I was able to go to my office and to attend to practice there three days later, and a few days later my ulcer came out like a tumor.

About two months later small tubercles began to develop on the site of the former ulcer, and continued to increase in size and number, and the sore was larger than before the inoculation. A subsequent classical treatment healed it and produced the assuring atrophy which has remained for about eight years, with no tendency to a recurrence of the lupus in any part of the face.

Conclusions: 1. The proceeding was dangerous and foolhardy; but I would rather die of a rapidly fatal erysipelas than of a slow cancer; 2. the lesion was healed but not cured; 3. the mixed toxins produced healing but probably prevented destruction of the trophic function of nerves of nutrition, and the bacillus was free to select the old site for the renewal of its attack. The mixed toxins probably do not destroy the bacillus tuberculosis, and may become conservators of its supporting resources, even exhilarating its courses; 4. this inoculation apparently produced immunity against erysipelas, as I have never had that disease although since much exposed to it. This I remark because I had never before seen a case in anything like intimate contact, without a violent attack about my face, due to the tuberculous atri always affording it entrance, while previous attacks afforded no protection.

#### **Pulsating Exophthalmos.**

Dr. William C. Posey, at a meeting of the Philadelphia Polyclinic and Ophthalmic Society, showed a case of double pulsating exophthalmos following fracture of the base of the skull, in which the exophthalmos, bruit and other symptoms of the condition had rapidly disappeared after ligation of the right common carotid and resection of the orbital veins. Vision, also, rose from 1/60 to 6/60 in the right eye, but was unimproved in the left, which was practically blind from optic atrophy. Dr. Posey had exhibited the same case at a previous meeting, prior to operation; and the contrast was most striking.

#### **Intermittent Ileus Associating Wandering Kidney**

Dr. Hugelmann reports this case in the *Muchener Med. Woch.*, August 17, 1915.

A patient 45 years of age complained of repeated attacks of pain on the right side of the abdomen, vomiting for several days of bile and gastric contents. Examination during the

attack would reveal a tumor mass in the neighborhood of the gall bladder of the size of a fist. Slight icterus, which was present each time, confused the diagnosis of a suspected loose kidney. The tumor mass would get smaller after the attack. Laparotomy revealed an atrophic kidney adherent to the reduplication of the hepatic peritoneum and the horizontal inferior portion of the duodenum. The kidney was removed when the attacks of colic and vomiting ceased. Hugelmann explains the symptoms by assuming that there was a structure of the ureter near the kidney pelvis, caused by its peculiar location, a temporary hydronephrosis resulting which in turn compressed the duodenum. When the kidney was relieved the gastric symptoms would also stop.

#### **Fracture of the Patella.**

Dr. S. C. Red, of Houston, reports this case in the *Texas State Medical Journal*.

The subject of this report is a Syrian boy, sixteen years of age, and employed to deliver messages, using a motorcycle. The accident occurred January 5, 1914, and two months thereafter, viz., March 5, 1914, he was dismissed as cured. The fracture was stellate, the result of direct violence, accompanied by great swelling and some contusion of the parts. On the tenth day after the accident the knee was opened in the usual manner, i. e., by a "U" shaped incision. The joint was drained and fragments of tissue clipped away from the broken edges of the bones. Owing to the condition of the tendinous fascia, it was not practical to hold the fragments in apposition by the usual methods. A purse-string suture of Kangaroo tendon, however, around the several fragments, caused them to coapt perfectly. The fascia, periosteum and other tissues, were then disposed of in the usual manner and a plaster cast applied. The patient was on crutches by the end of the second week and the cast was removed in four weeks. At the end of six weeks he went back to work as a messenger. At the end of two months he had complete functional restoration of his limb, union having taken place by osseous formation.

#### **Recurrent Transverse Colon Resected With End to End Anastomosis.**

Reported by Dr. Wightman, in the *Western Med. Review*.

Patient, Mrs. R., aged 40, presented symptoms of chronic colonic stasis, non-operative treatment gave no relief. X-ray showed the loop of the ptotic transverse colon in the pelvic cavity, palpation and posture examinations gave evidence of pelvic colonic adhesions. Operation June, 1914, at Clarkson Hospital.

Findings: Transverse colon about 26 inches in length, lower loop fixed to fundus of uterus corresponding to location of a former ventral fixation operation. Hepatic and splenic flexures of colon and stomach in normal position, the great omentum being the usual length but heavily loaded with fat deposits. A review of the anatomy at once revealed that the ptotic transverse colon produced three kinks, at the hepatic and splenic flexures and one at the lower end of the adherent loop to the uterus. Surgery must have for its main object the restoration of defective anatomy.



Sixteen inches of the transverse colon was excised, reserving, however, the great omentum. Anastomosis of the hepatic and splenic ends of the colon was made with a Murphy button. Patient made a splendid post-operative recovery, button passed the ninth day after operation. She is now in excellent health, normal bowel movements daily and has gained 45 pounds in weight.

#### Conservative Surgery in Gangrene of the Toes.

Dr. Richard Lewisohn, at a meeting of the N. Y. Academy of Medicine, presented two cases of gangrene of the toe, one diabetic, the other arteriosclerotic in origin.

Case I.—This was a woman, forty-one years old, with a moderate diabetes. She had suffered from a badly infected toe for two weeks before her admission to Mount Sinai Hospital. The big toe and the first metatarsal bone were removed and the wound healed by primary union.

Case II.—This patient was operated on in the same manner over one year ago at the Beth Israel Hospital. The pains which had been very severe disappeared right after the operation and the wound healed in about six weeks. In this instance the gangrene of the toe was caused by arteriosclerosis.

Dr. Lewisohn drew attention to the fact that utmost conservatism was indicated in these cases. Generally these patients were advised to undergo amputation of the thigh. His results showed that even in an amputation near the gangrenous and infected area they could obtain perfect results and thus save the leg of the unfortunate patient.

#### Manic Depressive Insanity—Cure Expected by Operation.

Dr. J. L. Ransohoff reported this case at the December 11 meeting of the Cincinnati Academy of Medicine:

Mrs. J., aged thirty-four, patient of Dr. Hall, of East Enterprise, to whom I am indebted for the history. Married, two children. Six years ago patient had a pelvic abscess, which was opened through the vagina. She was well until the summer of 1912, when a second vaginal abscess was opened. Since that time she has had severe pain before and during the menstrual periods. Eight weeks ago, before her operation, she began to show signs of some mental aberration. These symptoms have gradually become worse until she is in the following condition:

Neurological Examination by Dr. Baehr.—Patient is brought here by her husband and her physician because of her unusual and peculiar conduct. She has withdrawn from all her former activities, her household and maternal duties, and she has not spoken to anyone even in reply to questions. She has been suffering in this manner for eight weeks and the affair is progressive. During this time there was a slight and temporary period in which she improved. She has become worse steadily during the past month. During the course of this visit to me, and the examination, she sits almost immobile, undoubtedly aware of what is transpiring, but not evincing the slightest interest or reaction. She does not reply to any questions except under strong insistence. Her answer then is coherent and in-

telligent. Her husband says that she was aware of the nature of her visit here, and that she offered some resistance, because of the fear that she was being taken to an asylum. Her conduct here is typical of her behavior in her own home. She sits almost motionless throughout the day, showing no interest in her family or her own needs, her meals or entertainment. She has always attended to her bladder and bowel functions; she never has soiled herself.

Examination reveals a little, thin, wasted body, a small frame and a low state of nutrition. Her color is poor. Her mouth is dirty. There is little, if any, interference with her incoming sensations and impressions; there is no dementia, but there is a state that may be described as total loss of initiative. She is incapable of putting into motor action or speech any ideas that she may desire to express. She has not hallucinations or delusions and apparently she has some insight into her trouble. Diagnosis, manic depressive insanity. In view of her condition it is impossible to make a physical examination. On August 25, 1914, at the Jewish Hospital, under ether anesthesia, a pelvic examination revealed masses to each side of the uterus which was firmly fixed. Median incision, both tubes and ovaries were found bound in dense adhesions. The tubes contained clear fluid and both ovaries show signs of cystic degeneration. Both tubes and ovaries were removed. A normal appendix was removed and the wound closed without drainage.

The day following operation the patient's mental condition showed a great improvement. Within a week her condition was evidently normal. She spoke, answered questions and acted entirely in an intelligent way. She was discharged cured on the tenth day, and since that time has taken up her regular household duties and has shown no signs of any return of her aberration.

#### Juvenile Amaurotic Idiocy.

Dr. Wolfsohn, in Arch. Int. Med., as reviewed by Hammes in the St. Paul Med. Jour., reports the clinical and pathological findings in a case of juvenile amaurotic idiocy.

The patient was six years old and came to the hospital because of "fits." Her illness began at the age of three and one-half years, with spasticity of all extremities so that she was unable to feed herself or walk. Marked convulsive movements of the extremities and opisthotonos occurred at the slamming of a door or uncovering the patient. The reflexes were increased and the backgrounds of the eyes were characteristic. The patient died three years after the onset. The gross anatomy of the brain was practically normal but the microscopic study showed in the ganglion cells the characteristic disappearance of the Nissl substance with an accompanying distention of the cell body. These inflated areas in the cell body were filled with a fatty substance which stained a light orange yellow with Sudan III. This occurred in both the motor and sensory cells, especially marked in the precentral gyrus, in the cells of the dentate nucleus, and in the anterior motor cells of the cervical cord. In the Purkinje cells of the cerebellum, not only the cells were inflated but also the dendrites. There was no marked decrease in the number of ganglionic cells, and

there was very little evidence of neuralgia proliferation in these regions.

Wolfsohn briefly reviews the literature. About one hundred cases of the infantile type have been reported and about thirty cases of the juvenile type.

Sachs has given the following as a pathognomonic symptoms-complex for the infantile type:

1, Mental impairment in the first few months of life leading to absolute idiocy; 2, paresis or paralysis of the greater part of the body (flaccid or spastic in type); 3, reflexes may be deficient or increased; 4, a diminution of the vision, terminating in absolute blindness (changes in the macula lutea and later in optic-nerve atrophy); 5, marasmus and a fatal termination as a rule about the second year; 6, the occurrence of the affection in several members of the same family; 7, healthy at birth, remaining so up to the third or fifth month.

Occasionally: 8, Nystagmus; 9, strabismus; 10, hyperacuity of hearing; 11, inordinate laughter (present in one case); 12, disturbances in deglutition.

According to Vogot, in the juvenile type, the children are normal up to the fourth or seventh year, the disease is familial in character, has no predilection for the Jewish race, leads slowly to blindness, frequently to paralysis, and death occurs after several years. The author's case gave a familial history.

## Abstracts from Medical Journals.

### Congenital Cyanosis without Auscultatory Signs

Dr. M. Grandjeon calls attention to a group of cases of congenital heart disease in which there are no auscultatory signs. At autopsy there is found a uniform narrowing of the pulmonary artery and an abnormal uniformity of thickness of the interventricular septum.—*Gazette des Praticiens*.

**Paranoia.**—Tanzi says, "Paranoia is a rare form of constitutional anomaly which remains latent for years and manifests itself in mature age in a partial but most persistent delusion which is only the slow and permanent triumph of a perception. This perception gradually conquers all evidence to the contrary—and becomes organized into a co-ordinate system of errors which become the tyrants of the intellectual personality. On the other hand, the presence of a circumscribed delusion does not disturb the individual's judgment on other subjects."

### The Syphilis We See But Do Not Recognize.

Dr. Stoll, in a paper in the *Boston Med. and Surg. Jour.*, concludes a record of some suggestive cases as follows:

The late symptoms of lues are often vague, but their indefiniteness should put us on our guard. "Chronic rheumatism" and "chronic headache" mean "chronic syphilis" in many cases. The physician who does not avail himself of all the newer tests before making these diagnoses assumes a grave responsibility. By carefully studying other members of the family some evidence of syphilis may be detected when nothing can be discovered in the patient

himself. Of supreme importance is the realization that syphilis is a familiar disease. It is a problem for the family doctor, not for the genito-urinary specialist or the dermatologist. Finally, we must not lose all sense of perspective and become blind worshippers at the shrine of Wassermann. Admitting that it is the most valuable laboratory test yet discovered, it is not infallible. Positive in nearly all early cases of syphilis it is often negative in the late cases, especially in adults with a pre-natal infection. Even when positive it does not prove absolutely that the lesion in question is due to syphilis.

The Wassermann and luetin tests should supplement, not supplant, the complete history and careful examination.

### Intraspinal Treatment of Syphilis of Central Nervous System.

Drs. Dexter and Cummer, in *Archives Internal Medicine*, Chicago, report on fifty-nine intraspinal injections of autosalvarsanized serum given in ten cases. Following these injections they have seen no symptoms, temporary or permanent, which could in any way be attributed to injury to the central nervous system. They have seen no deaths, paralysis or bladder disturbances. Patients who have had reactions of pain following the treatment have shown greater and more rapid improvement than those who had no discomfort from the procedure. The results in six of these ten cases has been a symptomatic improvement so emphatic that the patient's economic efficiency has been restored.

### Study of the Cerebrospinal Fluid in Syphilis.

Dr. George Draper, in a paper read at the January meeting of the New York Academy of Medicine, says:

Syphilis in the human is a biological problem, one so complex that it must be attacked by every effort of clinical observation and the more accurate biological methods. One of the latter methods was the lumbar puncture and the study of the spinal fluid. The time had come when hesitation to use this procedure should cease. The technique was simple and safe and practically painless. Under no circumstances, however, should the diagnostic puncture be made with the patient in any but the horizontal position in bed. Four examinations to which the fluid was subjected were a cell count, globulin determination, Wassermann reaction, and Lange gold test. Any changes from the normal must be looked upon with suspicion, no matter whether the serum Wassermann was negative and the patient honestly denied any knowledge of the infection. Such changes were (1) definite increase of pressure; (2) multiplication of cells; (3) positive globulin, no matter how faint, and (3) positive Wassermann reactions in amounts of 1 c.c. or less. It was clear that a lumbar puncture was an absolutely necessary part in the diagnosis and treatment of the early days and weeks of the disease. In conclusion Dr. Draper summarized as follows: (1) The cerebrospinal fluid showed changes in 100 per cent. of the early cases. (2) The globulin test was the first to appear positive and the last to go. (3) There might be marked pathological changes in the fluid cases of late syphilis for long per-



iods of time before any signs or symptoms developed. (4) All cases of frank tabes, paresis, cerebrospinal syphilis, etc., had pathological fluids. (5) In a certain group of syphilitics with vagus nerve disturbances, the spinal fluid might be normal in all points except the globulin. In such instances the isolated globulin finding became highly suggestive of meningeal involvement of syphilitic nature. A provocative treatment should be instituted in these instances. (6) Under treatment pathological fluids could be brought to normal, but the globulin was the last pathological change to disappear. (7) Examination of the spinal fluid was absolutely essential to the proper care and study of general syphilitic infection.

#### Chronic Foci Causing Systemic Disease.

The importance of chronic foci in the etiology of systemic disease is becoming to be recognized more and more. Arthritis, cardiovascular degeneration, chronic Bright's disease, toxemias, laryngitis, asthma and neuritis frequently, if not always, are due to some hidden force. The most frequent sites of focal infection may be divided into the following groups:

1. Recesses or Terminal Pockets; as the Meibomian glands, lacrymal glands, nasal accessory sinuses and mastoid cells; tonsils and adenoids; salivary glands and ducts, gall bladder and ducts, pancreas and ducts, Fallopian tubes; sweat and sebaceous glands.
2. Tubular structures or ducts; as the gastro-intestinal tract and tear ducts.
3. Glandular tissue; lymph glands, tonsils and ductless glands.
4. Serous membranes; as the pleura, synovial membrane and dura.
5. Pathologic tissues; as cavities of teeth, alveolar necrosis and death of pulp, infection about the nails and hair follicles and recession of the gums as pyorrhea.

It is extremely important that we recognize these foci when endeavoring to alleviate or remove their clinical manifestations.

#### Pulsus Alternans.

Instead of this being an unusual condition White, in the *Amer. Jour. Med. Science*, July, 1915, shows that it is not infrequent, as demonstrated by graphic pulse tracings. He found it present in seventy-one patients of 300 examined.

Pulsus alternans is "that condition of the pulse in which strong and weak beats alternate, but in which the cardiac rhythm is normal." The alteration may be constant, or it may occur in phases.

He finds this character of the pulse to occur in about one-third of all cases of decompensation. About half of the cases show increased blood pressure, 160 mm. or more and 62 per cent. of the cases were in patients over 50 years of age, and 69 per cent. were in men. Arteriosclerosis is a strong factor, and necropsies on patients who had had this symptom in life showed coronary sclerosis and arteriosclerotic kidneys.

The prognosis as to length of life in patients who have this condition is not good. Digitalis and rest in bed improve the general condition of the majority of patients, but White found that in only four patients out of fifty-three so

treated was the pulsus alternans either "diminished or banished." The administration of digitalis in cardiac deficiencies does not cause the condition of pulsus alternans.

This interesting symptom in heart cases, as White has shown, is of considerable prognostic value, but it can be positively determined only by some graphic means of registering the pulse.—A. M. A. J., February 19.

#### Intestinal Stasis and Intestinal Intoxications.

In the *Journal of Laboratory and Clinical Medicine* for October, 1915. Woolley reaches these very wise conclusions.

1. Absorption of poisonous materials from a healthy bowel has not been shown to produce symptoms of disease.
2. Absorption of bacteria and other substances from an unhealthy bowel may produce serious symptoms.
3. A surgical operation for intestinal stasis is not justifiable except as a last resort.
4. There is no definite information in the literature to show that surgical procedures, made for intestinal stasis, have been more successful than medical (including hygienic) ones.
5. Many cases in which symptoms are attributed to intestinal stasis are suffering from local infections entirely outside the intestinal tract. Such infections are illustrated by pyorrhea alveolaris, chronic tonsillar infection, and chronic infections of the antra and sinuses of the head.

#### Gastro-enterostomy in Ulcer of Duodenum.

Dr. William J. Mayo, Rochester, Minn., at the meeting of the Minnesota Str<sup>uck</sup> Society, in discussing a paper said:

It is true, gastro-enterostomy does not furnish the complete and satisfactory results in ulcer of the stomach that it does in ulcer of the duodenum. It is extremely fortunate that ulcer of the duodenum is so much more frequent than ulcer of the stomach. About 75 per cent. of all peptic ulcers are in the duodenum, and as long as the stomach itself is normal and the gastro-enterostomy is done on the functioning organ, a cure or at least very great improvement may be expected in as high as 90 per cent. of the cases. I know of no operation in surgery that gives more satisfactory results than gastro-enterostomy or an equivalent operation in ulcer of the duodenum. The failures of gastro-enterostomy that are due in the main to the operation are because the condition in the stomach may not be suitable for the operation! that is, the ulcer may be proximal to the gastro-enterostomy, and in such cases we cannot expect the gastro-enterostomy to cure the patient. In the second place, a gastro-enterostomy is done in many cases in which ulcer does not exist, based on the symptoms of the patient. No surgeon should do gastro-enterostomy for ulcer which cannot be demonstrated accurately at the time of the operation.

In the case of an ordinary inguinal hernia, having determined the length of the incision, the anesthesia needle is applied about one-half inch above the termination of the incision, and the subcutaneous tissue is then infiltrated the entire length of the proposed incision. The

needle is now pushed deeply in, and the abdominal coverings are thoroughly injected with the fluid. The needle is next inserted just below the external ring and then, as it is pushed downward, the tissues around the cord with the ilioinguinal nerve are anesthetized. I believe that by delaying the operation for at least twenty minutes, a much more bloodless field is produced—Carlisle P. Knight.

## County Medical Societies' Reports

### BURLINGTON COUNTY.

D. F. Remer, M. D., Reporter.

The regular meeting of the Burlington County Medical Society met on Wednesday, April 12, at Pemberton Inn, Pemberton, N. J.

Dr. A. L. Gordon, chairman Section on Practice of Medicine, had arranged the following program:

A paper by Dr. William Martin, Atlantic City, a former member of this society, on "Hemiplegia; Prophylaxis and Treatment." Dr. Martin being an electro-therapist, read a very good paper which brought forth some very interesting discussions.

Dr. J. Madison Taylor, of Philadelphia, spoke to the society on "Simple Mechanical and Manual Methods of Repairing Chronic Disablesments."

Dr. Taylor is always a very interesting and forceful speaker, but to-day he seemed to be able to get every listener interested and his subject was freely discussed.

We entertained a few visitors, among whom were Drs. Daniel Strock, W. A. Iszard of Camden, and Thomas N. Gray of East Orange, recording secretary of our State Society.

After a good dinner we adjourned.

### CAMDEN COUNTY.

Grafton E. Day, M. D., Reporter.

The December meeting of the Camden County Medical Society was held at the Dispensary Building. Dr. J. J. Haley, president, in the chair.

The program committee had arranged a symposium on tetanus with the following essayists: Prophylaxis, Dr. T. W. Madden, Collingswood; diagnosis, Dr. F. W. Shafer, Camden; treatment, Dr. Joseph Nicholson, Camden.

Dr. Madden, in a terse, pointed manner, showed us how the aseptic wound was never the site of tetanus infection, how important then was the antiseptic treatment of all wounds, and how certain wounds should be given immunizing doses of tetanus antitoxin, especially where tetanus seems to be or is indicated. Dr. Madden called attention to the danger from Fourth of July wounds and demanded a safe and sane Fourth celebration by legal enactment and its enforcement. He called attention to his home town, where tetanus has been unknown from Fourth of July wounds since the prohibition of the sale or use of blank cartridges, giant crackers, etc., was enacted and enforced about five year ago.

He called attention to the importance of the physician selecting the nurse in labor cases and both physician and nurse must be aseptic in their management of the labor case, including the proper treatment of the cord. Tetanus

inoculation in vaccine sores was warned against by care, caution, cleanliness on the part of the physician and patient, in which case it is an absolutely safe and harmless operation. Special attention was called to the necessity for proper after treatment of the vaccinated person after the rupture of the vesicle.

Dr. Shafer then gave us from his notes a graphic picture of the affections that might be mistaken for tetanus and the difficulty, in some cases, of being sure of our diagnosis, citing several recent, most unusual but instructive cases. Those present will not soon forget his informal but forceful presentation of the subject.

Dr. Jos. Nicholson in reviewing the treatment recommended, told us that "local treatment should be radical." Under an anesthetic the wound should be widely opened and disinfected with iodine or carbolio acid and freely drained. McFarland advises the use of the powdered form of tetanus antitoxin as a dusting powder for the wound. Intraspinal injections of serum, 3,000 to 5,000 units by lumbar puncture, followed by repetition in acute cases in 24 to 36 hours. In addition 10,000 to 15,000 units should be given intravenously coincidentally with intraspinal. After 3 to 5 days, 10,000 to 15,000 units should be given subcutaneously to insure a continuance of the highly antitoxic condition.

Further treatment consists in rest in a quiet room, use of sedatives to control convulsions, chloroform inhalations in the severe form. Nourishment should be fluid and the bowels must be kept open.

Dr. Nicholson submitted a yearly report of tetanus cases treated at Cooper Hospital since 1892. Tabulated it reads as follows:

1892-1904	8 cases	7 deaths.
*1905-1914	65 "	31 "
1910-1914	34 "	11 "
1912-1914	26 "	8 "
1913-1914	21 "	5 "

\*Began the use of antitoxin.

This record is perhaps the best presented in the treatment of this dreaded disease.

A vote of thanks was extended the essayists and the committee on program. An enjoyable banquet followed the business and scientific sessions.

A transfer certificate of membership to the Philadelphia County Medical Society was given Dr. P. Starr Pelouse.

### Annual Social Meeting.

The annual social meeting of the Camden County Medical Society was held on February 8th at headquarters in the Dispensary Building. At this annual social affair a brief business session is held and this year adjournment was made to the social hall, where the wives and sweethearts were waiting their mates, and very soon all were seated at the festive board where merriment and joyous good will mingled the aroma of good things for the inner man—and woman. The usual formal entertainment was omitted, which gave more time for the enjoyment of the social hour.

With cheerful greetings, cordial chatting mixed with some serious "shop talk" at rare intervals and hearty good nights, all declared that another annual social affair of the Camden County Medical Society had passed most happily.



**CAPE MAY COUNTY.**

Eugene Way, M. D., Reporter.

The semi-annual meeting of the Cape May County Medical Society was held at the hospital of Dr. Margaret Mace, Wildwood, on April 4th, 1916.

The office of president being vacant through the death of Dr. Emlen Physick, the vice-president, Dr. S. Dixon Mayhew, assumed the duties of the office.

The following members were present: Drs. Mayhew, C. W. Way, Scott, Dix, Tomlin, Mace, Wells, Behrman and E. Way.

Dr. Robert C. Scott was elected vice-president.

President Mayhew then introduced Prof. William H. Wells, of Jefferson Medical College, who addressed the society on "The Toxins of Pregnancy." The address was up-to-date in all respects and Dr. Wells was voted the thanks of the society.

Dr. Mace then invited the society to inspect the hospital and served a bounteous repast, all of which was duly appreciated and Dr. Mace was given a vote of thanks.

The president announced the deaths of Drs. Physick and Meecray and appointed a committee on resolutions.

**CUMBERLAND COUNTY.**

E. S. Corson, M. D., Reporter.

The Cumberland County Medical Society met at Hotel Weatherby, Millville, April 4th. President Irving Charlesworth presided. The other officers were present. A resolution was passed requesting the secretary to inform our representative, M. Bacarach, that the medical society favors the House bill providing national aid to indigent tuberculous patients residing in but not citizens of other States. The committee to confer with the Board of Freeholders find the Atlantic County Tuberculosis Hospital able to care for ten patients. This is inadequate to meet the immediate needs of Cumberland County.

Dr. John C. McGlinn, of Philadelphia, addressed the society on the subject of "Experiences in Difficult Obstetrical Cases." He emphasized the difficulty in dystocia of determining the position of the head. He suggested the posterior lobe of the ear as forming an infallible guide. Under chloroform this may be more readily found. In breech delving, always sweep the arm across the chest before bringing it down in order to avoid breaking it. Do not turn the baby so that the back is anterior, keep it on the side so that the head will engage properly. Cover parts with wet, hot towels. This delays the attempts of the child to breath in utero. The assistant should exert pressure on the head to lessen traction. The Deaver style of forceps is the most satisfactory for high applications. Be careful to cleanse the external genitalia before introducing the forceps.

Twilight sleep has been superseded by a better practice. Give a hypodermic of morphia and scopolomin at the beginning of first stage; during second stage give pituitrin and chloroform, and follow delivery with a hypodermic injection of aseptic ergotin.

Dr. E. S. Corson presented a case of polyarthritis of seven years standing, involving the knee, hip and intermembral joints. Un-

der four months' mechanical and medicinal treatment at the Bridgeton Hospital, the patient showed marked general and local improvement. Dr. Corson emphasized the fact that the treatment of such patients at home is a hopeless task.

Systematic mechano-therapy must be applied over a long period of time in order to break up the adhesions, re-educate the muscles and restore the body tone of the patient. Every hospital staff should have one of its members specializing in mechano-therapy, and he should receive the hearty co-operation of his colleagues. The success of the various mechanical cults has been largely due to this lack of support.

**ESSEX COUNTY.**

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Society will hold one more meeting before the close of the season; the date is not yet determined nor the speaker secured, as some work of committees needs to be finished and report made to the society at this meeting in order to properly conclude the year's work. Any chairman of committees who reads this and recalls work of his committee which remains unfinished, may profit by the reminder that about the middle of May this last meeting of the year will be called.

The Academy of Medicine of Northern New Jersey held a stated meeting Wednesday, April 19th. Professor Henry H. Morton of Long Island City College, spoke on Genito-urinary surgery, his topic being "Some Thoughts on Prostatectomy." This was the annual meeting for elections and the nominations of the Nominating Committee had been published to members. The results were as follows: President, Dr. A. A. Strasser; vice-president, Dr. R. N. Connolly; trustee, Dr. J. Bennett Morrison; Committee on Admissions, Dr. A. Charles Zehnder; Committee on Library, Dr. F. W. Pinneo. The Section on Pediatrics omitted the meeting of April 5th, which was to have been a clinical meeting; the extent of measles interfered with getting patients together. The Section on Medicine met Tuesday, April 11th. A symposium on Arthritis was given, in four aspects; Medical by Dr. Long, Rhinological by Dr. Orton, General Surgical by E. L. Wharton, D. D. S., Pathological by Dr. J. W. Gray. For chairman of the section, Dr. George B. Emory was elected and secretary, Dr. Grant Thorburn. The Section on Eye, Ear, Nose and Throat met Monday, April 24th. Cases were reported by Dr. Sherman, Dr. Tymeson and Dr. Dias. Dr. C. Fred Webber as retiring chairman, read a paper entitled "Pot-pourri." For chairman of the Section Dr. Wallace Pyle and for secretary, Dr. H. C. Barkhorn were elected. The Section on Surgery met Tuesday, April 25th. A symposium on Traumatic Injuries was given: Head by Drs. F. W. Gray and W. D. Miningham; Thorax by Drs. J. C. McCoy and Sandford Ferris; Abdomen by Drs. F. R. Haussling and W. H. McKenzie; Extremities by Drs. S. E. Robertson and H. H. Satchwell.

The Essex County Anatomical and Pathological Society met Thursday, April 13th and rendered the following program:

Demonstration of Case, Epidermolysis bullosa (hereditary), Dr. Newman.

Demonstration of Specimens: 1, Spiculated

vesical calculi, Dr. O. Crowley; 2, Calculus pyonephrosis, Dr. Epstein; 3, Echinococcus cyst of liver, Dr. J. L. Fewsmith; 4, Specimens from St. Michael's Hospital, Dr. Gray.

From Pathologic Laboratory of City Hospital: 1, Tumor of cerebellum, producing internal hydrocephalus; 2, Congenital stenosis of aqueduct of Sylvius producing internal hydrocephalus, with observations on the production of the spinal fluid; 3, Presentation of autopsy material, illustrating miliary aneurism of anterior cerebral artery, cranial injuries, etc.; 4, Observations, clinical and pathological, on atypical lymphemias and anaemias, Drs. Eagleton, Murray, Cassili, Mikels and Martland.

The last meeting of the season will take place Thursday, May 11th and, as usual, anyone having interesting cases or specimens is urged to offer them for the program without being asked, as it is the expressed aim of this most educational society to favor the bringing out for discussion anything in pathology by any of its members or anyone else and the popularity and interest of its meetings attested by the uniformly large attendance and the variety and number of the contributors to the program.

#### HUDSON COUNTY.

William Freile, M. D., Reporter.

The Hudson County Medical Society had its seventh regular meeting on Tuesday, April 4th, 1916, and evidenced its interest in the evening's program by the largest attendance of the season.

The usual routine business was transacted.

Dr. James A. Wheeler, 291 Academy street, Jersey City, was admitted to membership, and the following applications were referred to the censors, Dr. Benjamin Cowperman, 635 Palisade avenue, West New York; Dr. Jos. Leo Furst, 252 Bergenline avenue, Weehawken; Dr. J. Adler, Bayonne.

Dr. Frank J. McLoughlin, Jersey City, gave a ten minutes talk on "Starvation Treatment in Diabetes," and exhibited a patient in whom the results had been verified.

(This paper will be found on page 209).

A most interesting and instructive hour was spent in listening to Prof. Frank S. Meara, who holds the chair of therapeutics at Cornell Medical College, and is visiting physician to St. Luke's Hospital, New York City. He talked on "Cardiac Irregularities." He illustrated the different forms as determined by the electrocardiogram using lantern slides, and showed what refinement had been recently made in diagnosis. He also spoke on the prognostic significance of the records and concluded by briefly but thoroughly covering the therapy.

At the first spare opportunity we hope to present the Journal readers with a synopsis of this lecture.

#### PASSAIC COUNTY.

William Veenstra, M. D., Reporter.

The regular meeting of the Passaic County Medical Society was held on Tuesday evening, April 11, in the Braun Building, Paterson, N. J. Dr. B. H. Rogers presided.

There were thirty-two members present and three visitors, viz.: Drs. Wellington, Shapiro and Dupan, of Paterson, N. J.

The Board of Censors reported favorably upon the application of Dr. T. V. Connelly for membership. Drs. Marsh and Maclay were appointed as tellers. Dr. Connelly having received the required number of votes was declared a member of this society.

Drs. Glasgow and Sullivan applied for reinstatement, they having received the required number of votes, their names were again placed on the roll.

The following amendments to the by-laws were adopted: 1, Providing the additional office of second vice-president; 2, defining his duties; 3, naming the personnel of the committee on public health and legislation.

Following the business meeting, the scientific session was opened by Dr. J. C. McCoy, who presented a case of abscess of the liver. He gave a brief resume of the history and the literature on abscess of the liver and stated the rarity in the north and the difficulties in making a diagnosis before operation. He had operated upon this case with a perfect result, their being no fistula and the man having perfect motion of the right arm.

Dr. McCoy then read a paper upon "Major and Minor Surgery." The speaker called attention to the importance of attending properly to minor injuries of the hand and that every effort should be made to prevent sacrifice of any of the fingers. He deplored the lack of cleanliness on the part of the attendant in some of the cases and believed that had proper antiseptic precautions been taken, many maimed hands would have been saved. Dr. McCoy criticised the prolonged use of external applications, particularly the use of poultices and other unabsorbent materials. He advised the use of a solution of boric acid or normal salt solution when wet dressings are indicated. The use of peroxide in deep wounds was contra-indicated as Dr. McCoy believes that the pressure caused by the oxygenation of the tissues has a tendency to carry infective bacteria with it. The speaker urged the general practitioner not to curette old abscess cavities but that the cavities should be lightly packed with gauze and allowed to drain. He believed the Bier hyperemic treatment was good in some cases provided the wound is opened. Dr. McCoy further advised a suitable delay in suturing up tendons until all danger of infection had passed. He also spoke of the necessity of examining the bone in all cases of scalp injury and he believed that incised wounds of the face can be better closed with adhesive plaster than with sutures. He then proceeded to give further directions for the proper examination, reduction and immobilization of fractures.

The paper was then discussed by Drs. Magennis, Neer, Carroll, Johnson, Maclay and Mitchell. Dr. McCoy closed the discussion.

Dr. J. S. Yates discussed the various mechanical apparatus in use at the present time for treatment of rheumatism, neuritis and chronic affections of the joints. He explained the various physiological action of the different apparatus and when combined with a massage. Dr. Yates then cited some 26 illustrative cases showing excellent results he had obtained. The paper was an extremely interesting one and the subject was well presented.



**Special Meeting, April 18.**

A special meeting of the Passaic County Medical Society was held in the Hamilton Club, Paterson, on Tuesday evening, April 18, to take suitable action upon the death of Dr. Robert M. Curts. There were about thirty members present. Dr. B. H. Rogers presided.

Eulogistic remarks were made by Drs. Stewart, Kip, Lucas, Harris, Magennis, Flitercroft, Morrill, Hagen, Tuers, Keller, Flood, Maclay, Spickers, MacAlister, Gutherson, Ritter, Browne and Cox.

A committee was appointed to draw up suitable resolutions and a copy was ordered to be sent to the State Journal and to be spread in full upon the minutes of the society.

The meeting was indeed a meeting of sorrow. The profession of Passaic County has lost a man hard to replace. Dr. Curts was beloved by his fellow physicians and was very popular with the laity.

The funeral of Dr. R. M. Curts was held from his late residence, 641 East 18th street. The Passaic County Medical Society attended in a body. There were a large number of persons present. Many beautiful floral pieces testified to the esteem in which the doctor was held in the community.

**MERCER COUNTY.**

Irvine F. P. Turner, M. D., Reporter.

The regular monthly meeting of the Mercer County Component Medical Society was held in the Council Chamber of the City Hall, Tuesday, April 4th, 1916, at 8.30 P. M.

Scientific program for the evening: Symposium on Bright's Disease, Etiology and Symptomatology by Dr. W. A. Newell; Differential Diagnosis by Dr. G. R. Moore;; Treatment by Dr. E. L. West.

**SOMERSET COUNTY.**

J. Hervey Buchanan, M. D., Reporter.

The regular bi-monthly meeting was held at the usual place, the Ten Eyck House, April 13, 1916, at 3.30 P. M. The attendance was small, which in view of the excellent paper presented, was regrettable. This was on "Laryngeal Tuberculosis," by Dr. J. A. Runnells, medical director of the Union County Sanatorium, Bonnie Burn at Scotch Plains. The paper was extremely instructive and was well received by those present. The committee appointed to arrange for the anniversary celebration of the society reported having arranged for a special celebration meeting as near the anniversary date as possible, which celebration should take the form of an afternoon meeting for the members and their ladies and invited guests, with addresses, historical sketch, music, dinner and after-dinner speaking. The society is fortunate to have the minutes of every meeting from May 21, 1816, to the present with the exception of possibly a half dozen meetings. Also much that is of interest in the way of papers preserved in the archives. And the near completion of a hundred years of unbroken existence as a medical body, with the sacred trust of the profession faithfully kept is a matter of great pride to the members.

Do not forget that Thursday of our 150th anniversary week, in June, will be observed as

County Societies' Day. The five counties—Essex, Middlesex, Monmouth, Morris and Somerset will each have half an hour at the morning session for presentation of their centennial historical data.

**Local Medical Societies.****Hudson County Tuberculosis Clinics Association**  
Berth S. Pollak, M. D., Secretary.

The twentieth regular meeting of the Association of Attending Physicians of the Hudson County Tuberculosis Clinics, was held in the medical room of the Jersey City Free Public Library, on Monday, March 13th, 1916, at 8.40 P. M. President Brown presided.

Present—Drs. Curtis, Scott, Dickinson, Little, Riha, Brooke, Miner, Rosenkrans, Mayer, Enright, Axford, Spalding, Jaffin, Ballinger, Sprague, Salmon, Brady, Pollak, Brown.

Misses Shute, Allen, Herley, Dolan, Coombs, Usher, Summers, Rider, McCormick, Fitzgerald, O'Brien, Sledge, Doherty, Monahan, Shepherd, Benn, Madden, Witt, Richardson.

After the reading and approval of the minutes, a communication from Dr. Edward C. Brenner, of New York, consenting to read a paper at the May meeting was received, and upon motion ordered filed.

The election of officers then took place as follows:

Dr. W. W. Riha nominated Dr. W. W. Brooke for the office of president; there being no other nominee, Dr. Brooke was declared elected by consent.

Dr. B. S. Pollak nominated Dr. Wm. A. Brady for the office of vice-president; there being no other nominee, Dr. Brady was declared elected by consent.

Dr. W. W. Riha then called for the re-election of Dr. B. S. Pollak as secretary and treasurer, which election was made unanimous.

The paper of the evening was read by Dr. Ellis Bonime, his subject being, "The Immune Response in Pulmonary Tuberculosis, and Its Value in Treatment." Dr. Bonime's paper was very interesting and was discussed by Drs. Dickinson, Brown, Pollak, Little and Rosenkrans.

The meeting then adjourned until April 10th, 1916, at which time papers will be read by Drs. Parounagian and Miner.

**Morristown Medical Club.**

E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club met at St. Peter's parish house, Morristown, on the evening of Friday, April 7, 1916, as the guests of Dr. A. B. Coultas, of Madison. Dr. J. F. Horn was chairman of the evening. Most of the members were present and among the guests were Drs. Geo. C. Connett, R. J. Barrett and Wade, of Morristown.

The address of the evening by Dr. W. B. Dunning, of New York, was on "The Relations of Physician and Dentist," which has been promised for publication in the Journal.

The doctor spoke of the fact that many systemic conditions were due to faulty or diseased teeth that demanded prompt remedial measures which could be properly determined in each case only. In some, extraction was the only remedy and should be done promptly;

in others amputation of the tips and the complete filling of the central dental canal were possible. The diseased conditions could best be diagnosed by means of X-ray pictures which also showed if the methods for cure were properly carried out. Disease might be found in the areolar tissues and often extended to the antrum. The teeth might be affected or the tissue around them might be at fault.

The doctor showed numerous lantern slides to explain the methods employed in operating on dental conditions, afterwards showing slides of abnormal conditions such as infected teeth, new growths caused by faulty or long used plates, diseases of the mandibles and results after treatment. He considered the most up-to-date manner for dental work was by the blocking of nerves and blood vessels by means of novocain and adrenalin injected into the nerve trunks. This measure was much superior to general anesthesia and greatly ahead of nitrous oxide which necessitated speedy and, therefore, often less satisfactory work.

The discussion was taken part in by nearly all present, many of whom reported histories in which treatment of dental conditions was followed by the patient's improvement. The use of emetin had not been found satisfactory in most cases. The opinions were advanced that many cases of tonsillar infections were due to carious conditions of the teeth and that often diseased teeth were due to dietetic causes.

Dr. Dunning replied to the large number of questions asked him, one of which was as to the advisability of extracting first teeth if decayed, the reason often being advanced that their extraction led to lack of proper facial development. The doctor thought they should generally be extracted. He also said that to do the best dentistry several X-ray pictures should be taken during the time the dentist was working to ascertain exact conditions and the amount and manner of the work performed.

After adjournment a social session was held during which refreshments were served.

#### Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the society was held at the Highland Club on Thursday, March 30, at 8.30 P. M., Dr. J. R. Bramley entertaining and presiding.

Present—Drs. Bebout, Bowles, Bramley, English, Jones, Keeney, Lamson, Meigh, Moister, Pollard, Smalley, Tweddell and Wolfe, and Drs. O'Reilly and Reiter, of Summit, and Dr. Taylor, of Maplewood, as guests of the society.

The paper was read by Dr. W. S. Doremus, of Newark, on "The Evolution of Epithelial Tumors of the Breast." The symptoms of early cancer, like those of tuberculosis, are becoming well known to the laity, through the efforts of public lectures, etc. The stage of premalignancy is the one to which physicians must turn their attention. It is important to remember that cancer can grow only from epithelium—that epithelium is attached to a basement membrane which provides it with nutriment from the blood supply—and that it is only when these epithelial cells become detached from the basement membrane and grow

outside of it that we get the reversion to the embryonic type of cell, nourished from the connective tissue, which we call cancer.

Among the benignant types of epithelial tumors there are various types of adenomata, in all of which the epithelium is limited by the membrane propria. The transition from these types of tumor to corresponding types of cancer is a simple process—due to a break in the integrity of the basement membrane, either through trauma, incision abscess or other inflammation. Hence in operating on a tumor or suspected malignancy the greatest care should be exercised in the technique to prevent the entrance of tumor cells into the lymphatic stream, as recurrence may occur by transplantation. In breast operations for cancer the axilla should be cleaned out first. Abscess of the breast is not frequently followed by cancer because the suppurative process causes death of the implanted or displaced epithelium.

Dr. English reported a case of absence of the ductless glands—the fifth he had seen—in a baby four years old, born blind, with no mentality, who could not speak nor hear. Autopsy showed these glands undeveloped.

The meeting adjourned and refreshments were served.

#### Practitioners' Society of Eastern Monmouth.

Stanley H. Nichols, M. D., Secretary.

The regular meeting of the society was held on the evening of March 9, 1916, at the Monmouth Memorial Hospital, Long Branch, Dr. H. B. Slocum presiding. After the roll call and minutes, Dr. James J. Rowland, of Highlands, read a very complete paper on "Diphtheria," taking up exhaustively the etiology, occurrence, predisposing causes, transmission, incubation, prodromal symptoms, symptomatology of the various varieties, complications, differential diagnosis and the preventive and curative treatments. The discussion was opened by Dr. W. K. Campbell followed by Drs. E. Beach, R. S. Bennett, R. B. Wilson, W. A. Robinson, J. T. Welch, H. E. Sharp, P. P. Rafferty and H. B. Slocum.

Dr. E. M. Beach then presented the facts of an interesting series of cases of epithelioma, successfully treated (after refusing operation) by thorium paste by advice of Dr. Bulkley of New York. Also of the good effect of the paste in indolent ulcers, warts, etc.

Then followed a general discussion of erysipelas, prompted by the frequency of this disease in this locality this spring.

The society then adjourned to the dining room and enjoyed refreshments and a social hour.

### Other Scientific Societies.

#### Hudson Mosquito Extermination Commission.

The third annual report of the Hudson County Mosquito Extermination Commission recently published, includes in detail the work accomplished by the commission last year on the Kearny meadows. It is stated that among the difficult problems that confronted that body at the beginning of last season was the condition of the swampy area. The Frank Creek section, comprising 700 acres, could not



be drained naturally, according to the report, as the meadow for the greater part is lower than mean low tide.

The commission installed an electrically driven twelve-inch centrifugal pump, which draws the water from made ditches and pumps it into the creek. This pump was started May 3 and approximately 260,000,000 gallons of surface water was removed during the season. The report states that this section was rendered absolutely free from mosquito breeding.

During the year the commission made 150,000 feet of new ditches in the county, making a total of 700,000 feet in operation and covering about 7,000 acres of tide water meadows. The commission has expended during the past three seasons about \$90,000 and has given a measure of protection to nearly 600,000 people.

#### Newark Anti-Tuberculosis Association.

At the annual meeting of this association, held on April 11th, Supreme Court Justice Swayze was re-elected president; Drs. T. W. Corwin, G. J. Holmes, C. W. Crankshaw and W. H. Vail were elected members of the Executive Committee. It was announced that the North Atlantic Conference of the National Association for the Study and Prevention of Tuberculosis will meet in Newark October 20 and 21. Dr. Samuel E. Robertson and Secretary Easton were appointed to arrange details of the meeting.

#### Rockefeller Institute for Medical Research of New York and New Jersey.

The animal pathology department of the Rockefeller Institute for Medical Research of New York and New Jersey will erect buildings worth \$287,530 on the property it recently acquired located in South Brunswick Township, near Plainsboro, Middlesex County, and just outside Princeton. The following buildings will be erected: Laboratories at a cost of \$90,615; power house and tunnels, \$102,556; operating building, \$24,439; isolation building, \$27,543; dog kennels, \$19,629; roads, \$15,838; walks, \$6,910. The contract price is divided as follows: General construction, \$204,781; heating, ventilating and refrigeration, \$38,429; plumbing, \$19,035; electrical work, \$25,285. According to the contract, the buildings will be known as "The Rockefeller Institute for Medical Research." The work is to be finished by September 1, 1916.

#### Conference of Charities and Correction.

Health subjects are coming into their own in the counsels of social workers. The revised program has just been issued for the forty-third annual meeting of the National conference of Charities and Correction which is to occur at Indianapolis, May 10-17. It begins with an address by Ernest P. Bicknell, of Washington, D. C., on measures adopted by the Red Cross and other agencies in warring countries and contains a dozen section meetings on health questions. These include health insurance, venereal diseases, mobilizing against alcoholism, industrial hygiene, medical social work, physical care of school children, research work in public institutions, oral hygiene, the function of the psycho-

pathic hospital, and the relationships of physical well being to efficiency and to heredity.

Dr. J. N. Hurty, of the Indiana State Board of Health, is chairman of the division on health and speakers are drawn from all parts of the country. It is likely there will be a special social function for medical men in attendance upon the conference. The organization brings together about 2,500 men and women engaged in practical social work, voluntary and public, in the United States and Canada.

Governor Fielder last month announced the seventeen delegates to represent New Jersey at this conference to be held in Indianapolis, May 10 to 17. Among them are the following doctors: Drs. H. A. Cotton, E. D. Evans, D. F. Weeks, Madeline A. Hallowell, R. N. Keeley, Rowland Scade and H. B. Diverty.

## Miscellaneous Items.

#### The Weakness of the Strong.

The Journal has repeatedly called attention to the dangerous trend of modern competitive athletics, especially to the effect of such competition on the heart. The sudden death last week from pneumonia of a famous all-round athlete is sad confirmatory evidence of the basis for such warning. The ordinary man attacked by dread pneumonia has a "fighting chance"; the great athlete whose heart has survived the battering wear of strenuous athletic struggle falls a sudden victim to the attacks of this "captain of the men of death."

**Race Degeneracy.**—In Boston recently 600 men presented themselves for examination for admittance to the United States Navy, and thirty were accepted, the remainder being rejected as physically below normal or mentally or morally unfitted. From these facts, Rear Admiral Albert Ross, U. S. N., draws the conclusion that we must make men of our rapidly degenerating citizens before we can make sailors and soldiers.—*Journal of the Military Service Institution.*

#### From a Grateful Patient.

In an old book, Matthews' Humors of a County Fair, we find a testimonial that even a modern patent-medicine man would print with pleasure: "Sir, By the bursting of a powder mill, I was blown into ten thousand anatomies. The first bottle of your incomparable medicine collected all the parts together—the second restored life and animation—before a third was finished, I was in my usual state of health."

#### Claims Discovery of Epilepsy Germ.

Dr. Charles A. L. Reed, of Cincinnati, in an address before the Medical Society of the Missouri Valley in St. Joseph on March 23 announced the discovery of a new microorganism, the *Bacillus epilepticus*, which he believes to be the etiological factor in epilepsy. Dr. Reed asserted that the new bacillus, like the tetanus bacillus, probably exists in the soil, and that it enters the body through the stomach and intestines.

**Thorough Examinations.**—It may sometimes be advanced as an excuse, that the patient objected to some special examination. If the patient cannot be convinced that an examination is necessary, the case had better be relinquished, for it is better to lose a patient than to lose a reputation. The procedure of treating first and examining afterwards may lead to the unfortunate necessity of having to treat not only the disease, but the effects of your own treatment. — Adolphe Abrahams, Practitioner, London.

#### Relation of the Thyroid Gland to Neurasthenia and Mental Defects.

Dr. Charles Reeder in the Illinois Medical Journal, says that during careful observation for ten years he has found that whenever his patients present mental depression or suffer from insomnia, loss of weight, intestinal indigestion with constipation, faulty assimilation, painful nervous headaches or any other symptom of neurasthenia, a close examination of the neck would indicate some abnormal condition of the thyroid. He does not claim that a disordered thyroid is present in every case of neurasthenia but he believes that it is present in at least fifty per cent. of cases, and an early diagnosis and prompt treatment would prove of great value.

**Insane Hospitals.**—The serious overcrowding in the fourteen State hospitals for the insane in New York is again pointed out in the report of the State Charities Aid Association to the State Hospital Commission, the situation being characterized as "almost intolerable." A recent census of the hospitals showed the following:

Hospital	Census	Certified Capacity	Over-crowded
Utica .....	1,691	1,321	370
Willard .....	2,455	2,015	440
Hudson River ....	3,361	2,773	588
Middletown .....	2,167	1,865	302
Buffalo .....	2,142	1,704	438
Binghamton .....	2,409	2,110	299
St. Lawrence .....	2,132	1,776	356
Rochester .....	1,573	1,282	291
Gowanda .....	1,222	978	244
Mohansic .....	64	58	6
Kings Park .....	4,445	3,397	1,048
Long Island .....	820	637	183
Manhattan .....	4,951	3,596	1,355
Central Islip .....	4,876	4,017	859
	34,308	27,529	6,779

The overcrowding ranges from 9 to 37 per cent. The report recommends the enlarging of the Middletown State Hospital and the Hudson River State Hospital at Poughkeepsie.

#### Inconsistency of English Antivivisection Law.

Dr. Samuel S. Maxwell, in Science, says that in England for years it has been necessary, if one wishes to perform a single vivisection experiment to procure a license. It is much easier to get a license to run a low grogshop. Any man may without a license and with practically no regard for the sensations of the animals rip out the testes from a boar or a dog, merely because it suits his convenience or his whim or his purse to have his animals gelded;

but if a physiologist wishes to make the same operation for the purpose of scientific observation on the effects of castration, he must secure a license stating with precision the building where this is to be done, and the purpose of experiment, and he must, he has no option, perform the operation under complete anesthesia.

#### Public Health Service Examinations.

Candidates for admission to the grade of assistant surgeon in the United States Public Health Service will be examined on May 31, 1916, at the Bureau of Public Health Service in Washington and at a number of the marine hospitals of the service. Candidates must be between 23 and 32 years of age, and graduates of a reputable medical college, and have had at least one year's hospital experience or two years' professional work. The examinations are: 1, physical; 2, oral; 3, written; 4, clinical, and usually cover a period of ten days. Successful candidates will be numbered according to their attainments on examination, and will be commissioned in the same order; they will receive early appointments. Assistant surgeons receive \$2,000 a year, and after four years' service are entitled to examination for promotion to the grade of passed assistant surgeon, at a salary of \$3,000. Full details and invitation to appear before the board of examiners can be obtained upon application to the Surgeon General, Public Health Service, Washington, D. C.

(Miscellaneous Items con. on p. 239).

#### ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY.

The stated meeting will be held at the Wiss Building, 671 Broad street, Newark, May 17, at 8.45 P. M. The recently elected president, Dr. A. Strasser, will preside.

The paper will be the annual address by the retiring president, Dr. J. Bennett Morrison, on, "Our Academy and Its Influence on the Profession."

Sectional meetings will be as follows:

Section on Pediatrics, May 3, at 4.15 P. M. It will be a Clinical Meeting with report of interesting cases.

Section on Medicine, May 9, at 8.45 P. M. It will be a Clinical Meeting. Papers and cases as follows: (a) Case of Epidermolysis Bullosa, by Dr. E. D. Newman; (b) case of Adrenalin Chloride Habit, by Dr. Philip Conlin; (c) Roentgen Diagnosis of Lesions of the Thorax, by Dr. E. Reissman; (d) case reports from the City Hospital, by Dr. H. S. Martland.

Section on Eye, Ear, Nose and Throat, May 22, at 8.45 P. M. Reports of cases. Paper: What is the Best Operation for Squint, by Dr. J. Franklin Chittin.

Section on Gynecology and Surgery, May 25, at 8.45 P. M. Reports of cases. Papers: Symposium on Dystocia: (a) Due to Abnormalities of Pelvis, by Dr. P. DuBois Bunting; Due to Disfigurement of the Soft Parts, by Dr. Chas. L. Ill; Due to Faulty Position or Malformation of the Foetus, by Dr. W. M. Goodwin; Due to Faulty Expulsive Force, by Dr. H. B. Kessler.

Discussion opening by Dr. John F. Hagerty.

Dr. Emanuel D. Newman, Secretary.



# THE JOURNAL

OF THE

## Medical Society of New Jersey

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MAY, 1916.

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,  
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

AUGUST A. STRASSER, M. D., Arlington, N. J.

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## ANNUAL MEETING

OF THE

## Medical Society of New Jersey

AT

The New Monterey Hotel  
Asbury Park, N. J.

JUNE 20-22, 1916

A preliminary program and other announcements will be given in our  
June 1st Journal

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### SPECIAL REQUEST.

The editor desires to have the June and September issues of our Journal illustrated, by inserting cuts of our Society's prominent members, especially those in official position during the early history of our Society; also cuts of some of the hospitals of the State.

We ask our members who have photographs of the physicians of past years, that they will procure and send us cuts of them, also those who are on hospital staffs that they will procure from the managers cuts of the hospitals they serve. We would like

to have a number of the larger hospitals and a few of the smaller ones.

We prefer the cuts rather than photographs, as it will save us time in this very busy anniversary season, and enable us to secure their early insertion. The blocks on which the cuts are mounted should not be more than  $2\frac{1}{2}$  inches wide for single columns of the Journal or more than  $5\frac{1}{4}$  wide and 3 or 4 inches deep for double columns.

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### CONCERNING MANUSCRIPT FOR PUBLICATION.

We take the following from the editorial columns of the Wisconsin State Medical Journal:

If every doctor had even a very limited experience as an Editor of a Medical Journal, he would appreciate the trials and tribulations of one of the species. The greatest burden which an Editor has to bear is caused by the carelessness of those who submit papers for publication. It is quite incomprehensible that a physician who considers that he knows enough to write a paper, should write it in language which is obscure, ungrammatical, and frequently not even English of a school-boy sort. If the Editor allowed some papers to be published without almost rewriting them, the Journal would be a laughing-stock among the profession. Often, too, when a paper has to be largely rewritten because of the involved sentences or lack of proper sentence construction, the author charges that his meaning was twisted. There is only one remedy for that situation. Let authors write their papers in correct English and they will have no cause for complaint against an Editor.

An Editor expects to read over every paper and put it in form for printing, but he should not be called upon to write the author's paper from the title to the conclusion.

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### MEDICAL SOCIETIES' OFFICERS.

Our brother editor of Colorado Medicine knows what he is talking about in the editorial which we take from the April issue of that Journal. We deeply sympathize with him, for we know exactly what he means, from like experience. He says:

"The average medical man is notoriously a poor business manager, and there is perhaps no department of his activities in which he shows this more strikingly than in the election of officers of his local medical society. The prosperity, and even some-

times the very existence of a small organization commonly depends in the main upon the energy and capacity of its executive officials. Many a meeting is marred by the fact that a president or secretary or both failed to make any plans for its program until the eleventh hour. In our own State, one of the not unimportant duties of local secretaries is to furnish reports of the meetings of the societies to the official journal of the State Society, Colorado Medicine. In some cases, in accordance with a resolution of the last House of Delegates, this duty has been turned over to a separate officer having the title of "Reporter." Unfortunately, it has proven that the individual designated by the latter title is subject to the same human failings as he who acts under the old name of "Secretary." From some of our local societies, both large and small, careful and concise reports of meetings are sent with delightful regularity to the editor. In other cases, so far as this form of expression is concerned, one might suppose that the society had gone out of existence. One organization a year ago regularly sent in reports which were not excelled anywhere in the State, but it has since elected new officers, and is now practically voiceless so far as our columns are concerned."

We desire, and ought to have, a report of every medical society meeting, county and local, for our New Jersey Journal. We ask it not for our own sake as the editor of the Journal but for our reader's benefit. It is comparatively easy to fill our columns with carefully selected abstracts and clippings from the many journals we receive in exchange, but that is not our conception of a State Society Journal. It ought to set forth, as far as possible, the work of the medical men of the State, in private practice, hospital practice, etc., giving reports of unusual or interesting cases and other valuable contributions to medical literature.

We very deeply appreciate the excellent work some of our Reporters and Secretaries are doing in reporting to our Journal carefully prepared reports of meetings, of clinical cases, personal notes, reports of deaths and other items of interest concerning hospitals, etc. We kindly and urgently ask our reporters and secretaries to help us in this great work, we repeat not for the editor's benefit, but for their own and the Society's benefit, for the credit of the medical profession in New Jersey and the

good of humanity through the increased knowledge and efficiency of medical men.

#### MEDICAL JOURNALS ADVERTISING NOSTRUMS.

The following is taken from an editorial in the A. M. A. Journal:

How in the name of common sense, and with anything like a clear conscience, a medical editor can continue to prostitute his journal for financial gain when there is the slightest question as to the character of his transactions, is beyond us to fathom. These Judas-like editors will continue the policy of selling the advertising pages of their journals to fakes and frauds just as long as the subscribers for those journals are willing to tolerate such a thing. It is nothing short of a disgrace to the medical profession that we should be burdened with medical journals making any claim for decency that are such a stumbling block in the way of progress in the great work being done by the American Medical Association to purify the atmosphere of medical frauds. To those who want to know what Sanatogen is, we suggest that a bulletin on Sanatogen, issued by the Department on Nostrums and Quackery of the A. M. A., be procured.

#### THE AMERICAN MEDICAL PROFESSION'S ADVANCE.

We take the following extract from the opening address of Dr. Arthur D. Bevan, chairman of the twelfth annual conference of the Council on Medical Education, at Chicago, February 1, 1916:

"I wonder if we all realize what has been accomplished in the last twelve or fifteen years in medical education in this country. The old two or three year medical course has been supplanted by a six or seven year course in large part well planned and well conducted. The number of schools has been reduced from 162 to ninety-five. The American medical profession has done more during this period to put itself on a sound basis and make itself efficient than has been done by any other profession or men in any other field of effort. The purpose of the organized medical profession of this country has been to elevate the standards of medical education, to train competent practitioners of medicine, to add to the sum of medical knowledge. And all of this time our thoughts have been those of peace. In the red glare of the world's war we can not



fail to see that the medical profession must be organized not only for peace but also so that it could properly perform the important functions it would be called on to perform in case of war. In our program today a movement is to be initiated which has for its purpose the organization of the medical profession to this end. As a profession let us do our part toward securing the greatest national efficiency and preparedness."

We haven't heard of any life insurance companies that have appointed Christian Scientists, Osteopaths or Chiropractors as medical examiners. Will the members and followers of the pseudo-medical cults please explain.

#### FEEBLE-MINDEDNESS.

Perhaps there is no more important line of advance that our profession has made, and is making than that which has resulted from close observation and study of the defective classes of our State and especially of the feeble-minded. The most important advance in dealing with the problems of this large class—of late years growing larger—has come from the close study of the etiologic factors of feeble mindedness and the scientific and practical methods of prevention, which is of vastly greater importance than the best means of treatment for its cure.

To the credit of New Jersey be it said that she has been the pioneer in this work. The Training School for the Feeble-Minded at Vineland has done splendid work under the leadership of Dr. Henry H. Goddard and the State Home for Feeble-Minded Women and Children, located in the same city, under the superintendency of Dr. Madeline A. Hallowell, is doing very successful curative and preventive work.

It is always a great satisfaction and pleasure to see that the good work being done by our State and by the medical profession within its bounds is recognized throughout the country, not only for this class of defectives, but also for the epileptics and the insane. We had partially prepared an editorial on this subject, when we received the April issue of *Colorado Medicine* and found in it an editorial by C. L. P. which expressed our thought on the subject better than we would have done. We give it entire, as follows:

At the present time the significance to society of the mentally defective is appre-

ciated as never before. Heretofore we have classified these unfortunates as idiots, imbeciles and high grade imbeciles or feeble-minded. The idiot and imbecile have always been regarded as a burden on the body politic, but it is only recently that we have realized that the feeble-minded individual is a real menace to society.

These people often appear to the untrained observer as merely backward, dull or peculiar. The definition adopted by the Royal College of Physicians of such a defective is "One who is capable of earning his living under favorable circumstances, but is incapable, from mental defect existing from birth or from an early age, of competing on equal terms with his normal fellows or managing himself and his affairs with ordinary prudence." Tests have been devised by which the dull but normal individual may be distinguished from the really defective. In this country the Goddard modification of the Binet tests is used. If by these tests a man of twenty-one shows the mentality of a boy of twelve, there is something radically wrong with him.

The Training School for the Feeble Minded at Vineland, New Jersey, has been a pioneer in such work in this country. In 1906 a Department of Research was formed and a systematic effort inaugurated to determine the cause of feeble-mindedness. The method pursued under the direction of Dr. Henry H. Goddard was after studying the individual defective in the school to go out and study his previous environment, relatives and forbears. It has been found that the feeble-minded are at least twice as prolific in offspring as normal people, that the feeble-minded descendants of one feeble-minded ancestor are often very numerous, that where there is one feeble-minded member of a family there are likely to be many others and that fully one-half of the paupers, prostitutes and criminals belong to this class.

Probably the most interesting and valuable contribution to this subject to date is Dr. Goddard's description of the "Kallikak Family" in the book of that name. Deborah Kallikak was a defective girl in the Vineland institution. By two years of research her family connections were traced through six generations from a Martin Killikak. This man belonged to a good New Jersey family of revolutionary times and was himself a soldier in the Revolutionary War. He became acquainted with a feeble-minded girl and by her was the

father of an illegitimate son, who was named Martin Kallikak, Jr. After the war Martin, Sr., came home, married and had seven legitimate, normal children. Martin, Jr., who was feeble-minded, married and had nine children. Of these two were normal, five were feeble-minded. the mentality of one could not be determined, and one died in infancy. From these beginnings we have two families originating and living in the same neighborhood and environment, but the one family descended from a normal man and a normal woman and the other from the same man and a feeble-minded woman. Dr. Goddard says, "We thus have a natural experiment of remarkable value to the sociologist and the student of heredity."

From Martin Kallikak, Jr., the illegitimate feeble-minded son of Martin, Sr., there are four hundred and eighty descendants. There is conclusive proof that one hundred and forty-three of these were feeble-minded, and that forty-six were normal, while as to the rest the facts are unknown or doubtful. Thirty-six were illegitimate, and thirty-three were immoral persons, mostly prostitutes. Twenty-four were confirmed alcoholics. There were three epileptics. Eighty-two died in infancy. Three were criminals. Eight kept houses of ill fame. The descendants of Martin Kallikak, Sr., by his wife number four hundred and ninety-six. They were good representative citizens, doctors, lawyers, judges, educators, men and women prominent in every phase of social life. There have been no feeble-minded among them; no illegitimate children; no immoral women. There has been no epilepsy, no criminals, no keepers of houses of prostitution. Only fifteen children have died in infancy. There has been one insane, a case of religious mania, perhaps inherited but not from the Kallikak side.

It is apparent from this that if the feeble-minded girl who was the progenitor of the feeble-minded branch had been properly taken care of, if she had been in an institution like the Vineland Training School or even if she had been sterilized, a great deal of vice, crime suffering and unnecessary expense to society would have been prevented. We have Kallikak families with us to-day and it is estimated that two per cent. of the school children in this country are feeble-minded. To properly deal with this problem is going to cost something to the communities who take it up. But the present way of dealing with it, or rather not

dealing with it at all, is the most foolish, inefficient and expensive possible. The important facts are that through the condition is incurable, still by segregation and proper care the defectives may be made comparatively happy, at least partially self-supporting, and prevented from increasing their kind, and that thus society can be relieved of a large proportion of its burden of pauperism, vice and crime.

A national movement has been started to take up this work. Colorado has gotten interested and it is to be hoped that before long a school survey will be made in Denver to determine how many defectives we have to deal with.

#### DR. ROBERT M. CURTS.

We regret exceedingly to announce the death of another highly esteemed and faithful member, who held official position in our State Society—Dr. Robert M. Curts, of Paterson. He had been a Permanent Delegate of the Society from Passaic County since 1900; was one of our three delegates to the American Medical Association, his term expiring in 1917, and he had served as Councilor of the Fifth District of the Society, embracing the counties of Bergen, Hudson, Passaic and Union since 1913, with marked ability and to the Society's entire satisfaction.

We take the following editorial from *The Press*, of Paterson.

**The Death of Dr. Curts.**—"Death loves a shining mark." Rarely has this truth had so impressive a demonstration as it has in the passing away of Dr. Robert M. Curts, one of the most eminent as well as most popular physicians in our city, which occurred recently. The news will be received with profound sorrow and an abiding sense of bereavement not only by the members of the noble profession of which he was one of the chief ornaments in this city and in our State, but by the people of Paterson generally who will feel that they have lost one of the brightest lights and most loyal and potential leaders of our citizenship.

It has fallen to few men in the comparatively brief period that bounded the life of Dr. Curts to fill so many stations of professional and civic responsibility and usefulness as stand out like tidemarks along his career which covered less than twenty-five years of adult activity. It is no wonder, then, that his death after a long and heroic struggle with a disease which from the first gave but a slender hope of recovery, should be widely and sincerely mourned as the falling of one of the strongest and most beautiful pillars of the professional and civic life of Paterson. In this sore affliction the bereaved family of the be-



loved physician have the deepest and most sincere sympathy of our entire community. (See also page 252.)

Dr. Curts was one of the most regular attendants at the annual meetings of our State Society. We believe no member will be more missed at our meeting this year and thereafter than Robert M. Curts. We esteemed him very highly for his worth as a man and a physician and we shall hold in grateful remembrance his kindly fellowship and faithful work among us.

The evidence which the A. M. A. Journal has given in recent issues, of the Wine of Cardui suit brought by John A. Patten and the Chattanooga Medicine Company against the American Medical Association and George H. Simmons, is exceedingly interesting. It will doubtless give this company far more widespread advertising than Mr. Patten and his company desired as it will show up their methods and help us to understand those of other exploiters who are flooding the country with worthless and in most cases harmful and destructive nostrums. Turn on the light. Some members of our profession who are in the habit of prescribing proprietary medicine carelessly—without knowing their exact formulæ need to stop and think. And the people need to know how they are being defrauded and their lives endangered.

The Editor, with Secretary Gray, of our State Society, made a visit to Asbury Park April 13, and found the arrangements of the local committee for our 150th anniversary progressing favorably, though we regretted the illness that had laid aside Dr. Wilbur, the chairman for a few days. We attended in the evening a meeting of the Monmouth County Medical Society, in the Monmouth Memorial Hospital. The society is arranging for its centennial celebration in June. Through the kindness of Dr. Edwin Field, president of the hospital staff, we were taken through the various departments of the hospital and were convinced that they have a model hospital which is doing splendid work. We shall retain in memory the hospitality extended by the members of the society and especially of Dr. and Mrs. W. K. Campbell, in whose beautiful home we spent the night.

We extend heartiest congratulations to Dr. August A. Strasser, chairman of our Publication Committee, on his recent election as president of the Academy of Medicine of Northern New Jersey for the year 1916-1917.

The *Lancet-Clinic*, under date of April 1, announces on its cover page a change of editorship, and with it further announcement is made to the effect that its advertising pages conform to the rules of the Council on Pharmacy and Chemistry of the American Medical Association. We are very much pleased to know that such a well-edited and influential weekly has joined the ranks of journals that propose to have clean advertising pages. Perhaps in time such periodicals as the *Medical Record*, and the *New York Medical Journal* will "see the light."

We take the above item from the Indiana State Journal and offer our congratulations to the publishers of the *Lancet-Clinic* on securing the services of Dr. Martin H. Fischer as the editor of their valuable weekly medical journal.

We also announce with great pleasure that Dr. Fischer is to be the Orator in Medicine at our anniversary meeting in June.

Information has just reached us as the Journal goes to press that our Ex-President, Frank D. Gray, of Jersey City, was operated on for appendicitis by Dr. G. W. Crile, of Cleveland, Ohio, about one month ago, but we are very glad to know that he is rapidly regaining strength during a week or two sojourn at the Hotel Traymore, Atlantic City.

"Many doctors stay away from their medical society meetings because they are afraid they will be run over by a train of thought."

### Miscellaneous Items.

(Continued from page 234).

**A Recipe for Long Life.**—In the presence of forty-two descendants a man in Chicago recently celebrated his ninetieth birthday, giving to his children and grandchildren his recipe for a long life.

His example is worthy of emulation, not necessarily with the hope of ninety years as a result, but the practice of his precepts will undoubtedly bring peace and happiness:

Early to bed and early to rise.

A daily walk of five miles.

Don't worry.

Smile when you would frown.

Do unto others as you would have them do to you.

### Offenses Beyond Law.

From the St. Louis Post Dispatch.

Dr. Oehler, who is expelled from the St. Louis Medical Society on a charge of offering to "split" a fee for a surgical operation,

says there is no law, municipal, state or federal, against such a practice.

This would be a cruel existence if the law alone restrained conduct. The moral judgment of the community, carrying the sentence of ostracism, social, business or professional suffices for protection against many offenders "within the law."

There need be no law against offenses like that of "fee-splitting," which carry their own punishment when they are discovered. The public will carefully avoid fee-splitters of its own accord.

#### Some Business Suggestions from an Old Doctor.

By W. H. Hopkins, M. D., Norwood, Ohio.

A few things it would be well for Medical Colleges to teach:

That your first patients probably owe every other doctor in town.

That you can't get married on what you have outstanding.

That every one is not going to drop his family physicians to employ you.

That a man does not necessarily dislike you because he does not employ you.

That one glass of liquor smells as strong as ten.

That your standing in the community will be gauged by the company which you keep, and that it is easier to drift downward than rise afterwards.

That the bulk of your money will be from your small bills, and that it takes just as many nickels to make a dollar as it does dollars to make a twenty-dollar gold piece.

That you can never get rich practicing medicine; but only by your investments.

That the wealthy are, as a rule, slower pay than the poor.

That those who owe you the most are the first to be calling in another doctor, while those who don't owe you are the best to recommend you.

That you can make twice as many visits to those who don't expect to pay as to those who do.

That those who call you up the oftenest at night are those who forget where your office is after the first of the month.

That those who make the longest prayers are those who let you wait the longest for the amount of your bill; and those who contribute the most to foreign missions are apt to neglect the home physicians.

These are a few of the many things I have not forgotten, picked up in a practice of over forty-five years. If one young man can start where I quit, this will not have been written in vain.—Medical Council.

#### Physicians' Use of Automobiles.

The following article have been issued by the Publicity Committee of our State Society to the Press:

The Publicity Committee of the Medical Society of New Jersey desires to submit the following to the consideration of the reading public:

The State of New Jersey received from the owners and drivers of automobiles, as license fees in 1914, the sum of \$824,535.34. In 1915 she received from the same source \$1,063,-

207.75. In 1915 alone 100,126 persons were licensed as drivers.

These tremendous figures strongly indicate how universal the use of this form of locomotion has become, and also suggests that this great increase in road vehicles and their employment would cause the legislative bodies of the State to give the matter special attention, in order to devise such rules as may prevent, as far as possible, confusion and accidents.

Naturally, physicians have been quick to utilize this speedy way of visiting the sick. No doubt much pain and suffering have been prevented by this kind of efficiency. It is equally true that this form of promptitude would be enhanced and the public thereby benefited if the State Legislature would grant special road and traffic privileges to the medical profession.

In fact, there seems to have been ideas of this character long ago. There exists a statute of 1880 which reads as follows: "All licensed physicians, while visiting patients, shall be exempt from all or any of the penalties for driving faster than a walk on any toll or other bridge; provided, however, that nothing herein contained shall be construed to exempt a physician from liability for damages to a toll or other bridge, or to other persons, by reckless or negligent driving." (P. L. 1880, p. 33).

In New Jersey and Pennsylvania there are incorporated societies of physicians owning and operating automobiles. These societies employ an attorney to look after the interests of the members. It uses a membership tag displaying a red cross. These tags are loaned to members and are numbered so as to identify the member carrying the same on his machine. The use of these marks has grown to be an advantage under the traffic regulations, being a means of promoting a special degree of courtesy towards members from the traffic policemen and magistrates throughout the districts where used.

A recent statute in New Jersey requires traffic officers to stop a physician's machine for fast driving or other infractions of traffic rules, but it permits the machine to proceed without delay as soon as its number and driver's license number are taken, the physician being subject to answer at a later time for such infractions. While there seems to be no such statute in Pennsylvania, physicians carrying the tag above described are treated in the same manner as they would be under our statute, if residents of New Jersey. Also in New Jersey a physician has the right of way through any procession.

The above indicates that the State is willing to make distinctions in favor of the physician. It is, therefore, earnestly urged that the Legislature grant as many special motor privileges to physicians as may seem expedient, as their business is frequently as urgent as is the ambulance, whose rush through the streets of a city is aided—not retarded—by the police.

Gentleness and cheerfulness, these come before all morality; they are the perfect duties . . . . . If your morals make you dreary, depend upon it they are wrong. . . . . I do not say, "Give them up," for they may be all you have; but conceal them like a vice lest they should spoil the lives of better and simpler people.—Robert Louis Stevenson.



### The Medical Society.

President H. P. Linsz, of the West Virginia State Medical Society, said:

The medical society of to-day is as essential to the general practitioner, surgeon and specialist as is his daily bread. While the bread is food for the body, the knowledge obtained in attendance on medical societies is food for the mind and soul. In these meetings much toward the development and progress of medicine is accomplished. It is a curious fact to note, however, that the busiest and most progressive practitioners of medicine, and those always seeking knowledge, new light and new truths, are usually in attendance. They realize that while they may sustain a loss, commercially and otherwise, while absent from their business, the social and personal benefits, the recreation, the knowledge and new ideas gained amply repay them for the loss sustained and enable them to be better fitted for their work at home, saying nothing of the many friendships gained, which are often pleasing and lasting. Meeting as we have been in different cities throughout the State has educated the public to the fact that the medical societies have been doing much toward the education of the physician and the people as well, and that these meetings are an absolute necessity not only for the welfare of the general public, but also for the advancement of the physician. The majority of the intelligent people of to-day, realizing that knowledge and advancement will come to those alone who attend these meetings, and that their physicians would be better qualified to handle their cases from the new knowledge they have gained, would prefer that they visit the meetings of the medical societies whenever the opportunity presents itself rather than see them remain at home.

### Don't for Nurses.

1. Don't forget to be on hand when the doctor is calling, and stay until he goes and write down all orders.
2. Don't ever appear in sick room with a "long face" it matters not what may have been said by the patient, as you must remember always that you are dealing with one who is not normal, a sick brain, whose emanations are note what they would be, well.
3. Don't ever confer with or have anything to do with the servants of the household, except when business calls, and then only in carrying out the doctor's orders. Always treat help with kindness.
4. Don't forget that you belong to a profession; never be too intimate with any one around the house.
5. Don't ever tell the household what the doctor says—don't gossip.
6. Don't forget that the doctor should give prognosis and diagnosis.
7. Don't fail to anticipate anything possible that could contribute to the comfort of your patient.
8. Don't forget that noises must be avoided. Your shoes must not squeak. Noisy shoes may seem a small matted to you, but at times will greatly disturb your patient. Move furniture softly.
9. Don't forget that neatness about the patient's room, as well as yourself, is absolutely essential.
10. Don't forget that your teeth must be beyond criticism, as the breath is foul if they are dirty or decayed.
11. Don't forget you must serve your food in an appetizing way, be

it a glass of buttermilk or a tray full of dishes. 12. Don't ask sick patients what they want to eat. 13. Don't forget that promptness is everything. The patient must not remind you of the time for medicine, food, bath, etc. 14. Don't ever offer an excuse of any description for anything either to doctor or patient. 15. Don't whisper about the sick room. 16. Don't forget that cleanliness is next to godliness. 17. Don't slam doors. 18. Don't forget that you stand between the dead and the living—and your mission is to relieve God's sufferers, and do be amiable.—J. D. Griffith, M. D., Kansas City, Mo.

### Hints for Untrained Nurses.

Any woman can do a certain kind of nursing at a time when it is impossible to have a trained nurse, or when a trained nurse is not necessary. Some practical suggestions, called "Sick-room Don'ts," are given by Mary F. Scott, in a recent number of *The Nurse*, to make the nursing easier and better:

Don't allow the sheets to become wrinkled. Don't jar the bed by leaning or sitting upon it.

Don't allow stale flowers to remain in the room.

Don't appear anxious. People who are ill are very sensitive.

Don't rattle papers. Nothing gets on a patient's nerves more than this.

Don't have a carpet in the sick-room if it can be avoided; use matting instead. It may be kept clean by throwing damp tea leaves over a part of the room at a time and quietly brushing them up with a hand broom.

Don't shut out light from the sick-room when the patient is able to tolerate it. Make the sick-room the most cheerful and best ventilated room in the house.

Don't let bad air remain in the sick-room. Pure air is imperative. Avoid air from the kitchen or clothes closets. Outside air is best, but when cool, there should be a fire in the room to take off the chill.

Don't neglect screens, to shade the light from the eyes of the patient.

Don't forget a nursery lamp to heat water, beef tea, etc.

Don't neglect the means to tempt an invalid's appetite. Dainty service and delicate china will often do this.

Don't forget to vary the seasoning of food, according to the condition of the patient.

Don't give the patient toast that has not been put in the open oven first and then toasted. It improves the taste and digestibility.

Don't let the patient suffer for a cooling drink when one can be given safely. This is a good way to make one: Pour one cup of bran into water and boil it an hour, strain, and add sugar and lemon juice. It is good for the patients and leaves a pleasant taste in the mouth.

Don't always bring flowers to invalids. Try daintily prepared edibles. You will be repaid when you see how pleased the sick persons will be. Nourishing broths and soups, jellies, creamed chicken, or creamed oysters in a delicately tinted bowl will bring joy to their hearts and comfort to their stomachs.

Don't open the window at the bottom only; open at the top, too

## PREVENTIVE MEDICINE AS RELATED TO THE CHILD.\*

W. G. Little, Ph. M., M. D., Okmulgee, Okla.

The Holy Land holds many notable pictures for him whose imagination is alert, and whose knowledge makes him familiar with the scenes which history describes for us. None are more beautiful than where the Man of Galilee turned aside from the busy cares of ministering to the old sinners, and took the children in his arms and blessed them. He then announced the vision of his prophetic soul, that "These were of the Kingdom of Heaven." In later years Peter is said to have been fleeing from Rome, when Nero was making garden torches of the followers of the Nazarene. Being met in the way by a vision of the Christ, whom he had heard teach in Galilee, Peter asked, "Whither goest Thou, Master?" The answer came, "To feed my sheep thou art deserting." Peter returned to his duty and his death in Rome, because he had seen a vision. The Man of Galilee saw the sentimental and potential worth of a child. Peter had a vision of a transcendent truth and founded a great moral force, a church. Science recently saw a vision also and the result was the founding of a great medical force, moral, humane, fundamental. So preventive medicine has become a first principle of all work for the worth while physician.

The inane faddist type of work for the child is worse than useless. The public schools are filled with an emotional, sentimental nonsense that is wholly wrong. There are types of societies which indulge in unscientific, hurtful effort, because it is the mode to do something. The real work is done by the few in each community who catch a foundation principle and build upon that a sound, logical and effective structure. Preventive medicine was a great vision some years ago. Faithful men in the profession began to work for a fulfillment of that high aim. The popular fancy has caught the lilt of the lightest strains, and is singing the sacredness and solidarity out of it by a thousand foolish and unscientific applications of its great principles to every possible phase of life. Like most popular works, it lops off branches but does not feed the roots. It is the duty of a thoughtful, progressive, efficient man in each community to be a leader in this work. If the child had proper care, his after life would be better and more efficient. The duty of preventive medicine to the home, the community and the state is its manifold care of the child. Its relation to the child is broad and close. An attempt to point out a few of these relations will be the aim of this paper.

A child has a right to be well born. He cannot enforce that right himself. It must then of necessity fall upon others to insure that claim. Preventive measures are necessary to that end. The eugenist just now is theorizing endlessly. Legislatures are passing impossible laws to compel proper marriages. Cupid is to be harnessed by the law. But the fact remains that the only good so far is to educate the people by doubtful means. Half truths are told by inference. The people should be educated by living words from living teachers speaking with the authority of an abundant knowledge.

Let legislation follow based on demonstrated scientific fact. The eugenic marriage laws so far will not remove the venereal evil to the child. They are impractical. The political rottenness of the average city, and especially of the men and officials, is at the bottom of most of the venereal evil. If the decent and enlightened people demanded clean towns generally an eugenic marriage law might not be needed. If "John Doe" was never allowed to register in the court records, "Willie Smith and Suste Jaminson" might not have gonorrheal ophthalmia. Congenital lues would be less prevalent. Again, if Dr. Brown had carried some protargol or silver nitrate solution when he attended Willie's mother, and had used it, Willie would have been spared his grave affliction.

Poverty, ignorance and uncleanness have much to do with the life of the child before and after birth. Poverty blights the mind, weighs down the spirit and opens the way for all manner of influences to the mother. The child is presented to the world under conditions which preclude even ordinary care. With poverty may be uncleanness. This opens the door to disease. Ignorance may be and often is associated with those opulent in this world's goods. Ignorance of the care, needs and hygiene of the child is the fruitful ally of the undertaker. The doctor may talk proper methods of care for the child when he attends its illness. That is merely pursuing the world old method of attacking the branches instead of the roots of the matter. Poverty may be unavoidable; uncleanness is a matter of personal choice. Ignorance may be imposed, but usually it is accepted as the way of least resistance. It should be met by enlightenment. To this end the medical profession should enter as a leader and educator. The church, the press, the school and the public should be enlisted. Educational articles should be prepared and printed in the papers of the towns. The school house should be a social centre where a well prepared physician could give lectures on "What to do till the baby comes" and "How to treat him after his arrival." The church through its various agencies should open its doors to health lectures. They are as much of religion as a vast amount of the things carried on as religious. The feeding, clothing, bathing and general hygienic care of a child would be an intensely interesting and educative study for both physician and layman.

Then come the years of early school life. How often in these the seeds of disease are sown! How eager seem the patients to push out the "tiny tots" from the home life into a kindergarten, or somewhere to learn something. This kindergarten may be indoors or outdoors. The tasks are set. Lessons are to be learned, attention demanded. The carefree, natural spirit curbed and repressed. So early, before the joyous childhood has begun, are the routine duties of the life imposed on childhood. The eyes are on strain, the nerves are on tension, the muscles are set in stated attitudes. All of this that the "tiny tot" may learn something. Or so early are the music lessons started. This is wrong, all wrong, mentally, physically and morally for the average child. A few of the great city slum denizens are perhaps benefited. If children were not put into school till eight or nine years of age, with a

\*From the Journal of the Oklahoma State Medical Association, February, 1916.



little teaching at home by parents or others interested, the nervous wrecks of after life would be fewer. The mental development of the "teens" would be sounder. "The cry of the children," goes up, working in the factory at tasks. Why make the schools taskmaster in these early years, more beneficent it is true, but a master. There is such a note of sadness in those lines of N. P. Willis, written before the time of fads, fancies and furbelows of the present day. Listen to them:

"Tired of play! Tired of play!  
What hast thou done the live-long day?  
There will come an eve to a longer day,  
That shall find thee tired but not of play,  
When thou shall lean as thou leanest now  
With the drooping limbs and aching brow,  
And wish that the shadows would faster creep  
And thou couldst go to thy quiet sleep."

We have no right to rob a child of his care-free childhood. As a prophylaxis against future ills, his home life of play, little tasks and a little teaching, conserves his energy for the real work. Were he to remain from the school room till seven or eight years of age he would be sufficiently hardened that he could carry the work without physical or mental injury. He would outstrip the child who began "learning things" at four or five years of age. Men of eighteen or twenty cannot be hardened into soldiers as can men of twenty-five. Neither can the child of three to six be seasoned into the work of the school safely, as can the child of eight or nine.

Preventive medicine has a vital relation to the child in yet other ways. After he becomes of a school age it is necessary that his life be guarded in every way. No longer can the parent direct this care personally. The public servants having charge should use wise measures in constructing buildings that proper lighting, ventilation and general sanitation be procured. The general health of the child should be looked after. This is done in a superficial way by the medical inspector. But the greatest benefit is lost sight of in that there is a complete failure to provide adequate teaching of personal hygiene, physiology and sanitary rules of health. This should be done by a medical practitioner. The average schools have physiology in the eighth grade. The high school has nothing in that line. A medical lecturer should be provided for these high school grades, who would give a thorough, scientific course. The teachers of the country should have an obligatory course also on this same line in their country work, enabling them thus to know the ground work and fundamental principle underlying the recommendations for medical work for the individual child.

The architect decides most questions of construction of buildings. No question is asked by boards as to whether a plan is in accordance with rational and accepted theories of sanitation. Again, the prevailing fashions for women's dress make it imperative to have overheated rooms which again is a menace to the health and mental activity of the children in the schools. Many more points of interest relating to the child in school come naturally for consideration — play, sleeping, seating, light, ventilation, clothing, food and drink. The personal aptitude or inaptitude for mental work, none of these are considered by boards, prin-

cipals, or teachers, except in mass, which is wholly wrong. The child is consigned individually to the public school, and in that manner should be cared for by intelligent officers, looking diligently after these elements, for the congregation of many under one roof increases the dangers to the individual and entails the greater responsibility upon the board and teachers. The old Greek plan is the best, where the teacher took her class out under the heavens, into the fields and forest, and studied everything in the wide world with an intensified interest and ever-widening knowledge. Few present day teachers, I fear, would read far in the great book of nature.

In many sections politics dooms children to ill health, early graves and a short life of happiness. Legislators, as a rule, favor the interests having money to spend. Few act from the incentive of honesty, virtue and the friend of the unprotected. Childlabor is a crying shame of the present age in many sections. Years ago Mrs. Browning voiced the "Cry of the Children"—

"Do you hear the children weeping, O my brothers,

Ere the sorrow comes with years?  
They are leaning their young heads against  
their mothers,

And that cannot stop their tears.  
The young lambs are bleating in the meadows;  
The young birds are chirping in the nest;  
The young fauns are playing with the shadows;  
The young flowers are blowing toward the west;  
But the young, young child, O my brothers!

They are weeping bitterly,  
They are weeping in the playtime of the others  
In the country of the free.

"Alas, Alas, the children! they are seeking  
Death in life, as best they have.

They are binding up their hearts away from  
breaking

With a cerement from the grave.  
Go out, children, from the mine and from the  
city;

Sing out, children, as the little thrushes do;  
Pluck your handfuls of the meadow cowslips  
pretty;

Laugh aloud, to feel your fingers let them  
through.

But they answer, 'Are your cowslips of the  
meadows

Like our weeds anear the mine?  
Leave us quiet in the dark of the coal shadows,  
From your pleasures fair and fine.

"Our blood splashes upward, O goldheaper,  
And your purple shows your path!  
But the child's sob in the silence curses deeper,  
Than the strong man in his wrath."

Let us as progressive medical men teach in public the great principles of child conservation: "Line upon line, line upon line; precept upon precept, precept upon precept," beginning, however, on a sound basis. And, as the old world is throwing around her people the prohibition of alcohol that her men may be more fit to destroy their brothers, may we be as diligent to safeguard the lives of the children that they may be more fit and happy and efficient in the glorious works of peace and moral splendor.

## DEATH RATES AND EXPECTATION OF LIFE.

Washington, D. C., April 17, 1916.—Director Sam. L. Rogers, of the Bureau of the Census, Department of Commerce, is soon to issue a unique set of tables, the first of their kind which have ever been prepared by the United States Government. These tables, which were compiled in the division of vital statistics, under the supervision of Professor James W. Glover, of the University of Michigan, show death rates and expectation of life at all ages for the population of the six New England States, New York, New Jersey, Indiana, Michigan, and the District of Columbia (the original death-registration States) on the basis of the population in 1910 and the mortality for the three years 1909, 1910, and 1911. They are similar to the "life tables" prepared by life insurance companies, but differ from them in that they relate to the entire population of the area covered, whereas the life insurance tables relate only to risks selected through medical examination and otherwise.

Expectation of life, at birth, in a stationary population—that is, one in which the births and deaths were equal and were the same from year to year, and in which there was no immigration or emigration—would be the same as average age at death, which is calculated by totalizing the ages of all deceased persons and dividing the result by the number of deceased persons.

### Women Live Longer Than Men.

According to these tables the average expectation of life, at birth, for males is 49.9 years; for females, 53.2 years; for white males, 50.2 years; for white females, 53.6 years; for native white males, 50.6 years; for native white females, 54.2 years; for Negro males, 34.1 years; and for Negro females, 37.7 years. Females are thus longer lived than males to the extent of more than 3 years, and in the case of the native whites and Negroes, more than  $3\frac{1}{2}$  years.

The expectation of life at the age of 1 is considerably greater than at birth, being 56.8 years for native white males and 59.5 for native white females, and reaches its maximum at the age of 2, when it is 57.5 for the former class and 60.1 for the latter. At the age of 12 the average native white male's expectation of life is 50.2 years; at 25 it is 39.4 years; at 40, 28.3 years; at 50, 21.2 years; at 60, 14.6 years; at 70, 9.1 years; and at 80, 5.2 years. Similarly, at the age of 12 the average native white female's expectation of life is 52.6 years; at 25 it is 41.8 years; at 40, 30.3 years; at 50, 22.8 years; at 60, 15.8 years; at 70, 9.8 years; and at 80, 5.5 years.

A part of the difference between expectation of life for men and for women is due to the greater number of violent deaths among men. Nearly four-fifths of these violent deaths—suicides, homicides, and accidental deaths—are of males, and such deaths form about 7 or 8 per cent. of the total number occurring each year. This fact, however, does not account fully, or even in major part, for the greater longevity of women. An examination of the tables discloses a lower death rate for females than for males during each of the first 12 months of life and, in the case of the native whites, during each year of life up to

the age of 94. During the first month of life the death rate among native whites is nearly 28 per cent. higher for boys than for girls, and during the first year it is more than 20 per cent. higher.

### Infant Mortality Still High.

The enormous waste of infant life which still goes on, although medical science has done and is doing much to arrest it, is shown by the exceedingly high death rates which prevail among infants under 1 year of age. Of 100,000 native white boy babies born alive, 4,975, or almost 5 per cent., die during the first month, and 12,602, or 12.6 per cent., die within one year. The girl baby's chance of life is considerably better, the death rate among native white females during the first month being 3,894 per 100,000 born alive, or less than 4 per cent., and during the first year 10,460 per 100,000, or nearly 10.5 per cent.

On its first birthday, however, the likelihood that a child will die within the year is only about one-fourth as great as it was at birth, the death rate among native whites during the second year being 2,841 per 100,000 for males and 2,610 per 100,000 for females. The rate continues to decrease until the twelfth year of life—that is, the period between the eleventh and twelfth birthdays—during which it is only 228 per 100,000 for males and 198 per 100,000 for females. This, the figures indicate, is the healthiest year of life among native whites. Thereafter there is a continuous increase in the death rate from year to year. During the forty-eighth year of life, in the case of native white males, it is 1,267 per 100,000, or almost exactly what it was during the third year, 1,266; during the sixty-second year it is 2,919 per 100,000, or a little more than during the second years, 2,841; and during the eightieth year it is 12,184, or somewhat less than during the first year, 12,602. Similarly, among native white females the rate during the fiftieth year, 1,120, is a little less than during the third year, 1,144; during the sixty-third year it is 2,548, or somewhat less than during the second, 2,610; and during the eightieth it is 10,901 per 100,000, or a little more than during the first, 10,460. The native white man at the age of 102 and the native white woman at 99 have approximately the same prospect of dying within one month that they had at birth.

### Median Age at Death.

To say that a person's expectation of life is a certain number of years is not the same as saying that he has an even chance of living that number of years. This is because, as already explained, expectation of life represents the average remaining length of life, at any given age, in a stationary population, whereas an average person in a given group has an even chance of living to what is called the median age at death, that is, the age below which half of the members of that group will die. The median age at death for all native white males in the assumed stationary population would be 60; that is to say, of a given number of such males born alive, half would die before reaching 60 and the other half at 60 and beyond. A native white male child at birth, then, has one chance in two of reaching this age. At the end of his first year,



however, he has a trifle better than an even chance of reaching 64; and at 42 he has one chance in two of attaining three score and ten. Similarly, a native white female child at birth has an even chance of living a few months past the age of 64; at the age of 1 she has one chance in two of living until she is nearly 68 years old; and at 22 her chance of reaching 70 is an even one. Thus a native white man at 42 and a native white woman at 22 have about the same chances of celebrating their seventieth birthdays.

#### City and Country.

The relative healthfulness of city and country is strikingly shown by the tables, according to which the death rate among white males under 1 year of age in cities having 8,000 inhabitants and over in 1909, and in cities of 10,000 and over in 1910 and 1911, is 13,380 per 100,000 born alive, whereas in smaller places the corresponding rate is only 10,326 per 100,000, or 23 per cent. less than the rate for cities. A similar difference prevails with respect to white females under 1 year of age, for whom the death rate in cities is 11,123 per 100,000 born alive, while in rural localities it is only 8,497 per 100,000, or 24 per cent. less than the urban rate.

For white males the expectation of life, at birth, in rural localities is 7.7 years greater than in cities; at the age of 10, 5.4 years greater; and until the age of 39 is reached there is a margin of more than five years in favor of the country. Thereafter the difference becomes gradually less, but is always in favor of the country until the age of 88 is reached, at and after which the cities show a slightly greater longevity than the rural localities.

For white females the difference between urban and rural longevity, while pronounced, is somewhat less than in the case of males. At birth the white female's expectation of life is 6 years greater in rural than in urban localities; at 10, 3.3 years greater; and until the age of 46 is attained the difference continues to be more than 3 years. Thereafter it declines until the age of 83 is reached, after which the cities have a slight advantage over the country.

## Editorials from Medical Journals

### A Country Doctor, President of Stanford.

From the California State Journal.

The back-bone of the medical profession is not the city specialist or the wonderfully able surgeon; as the Journal has always contended, it is the country doctor who is thorough, careful and conscientious; who works hard and studies hard and who has a large conception of humanity and of human nature and frailty. It is therefore a very great pleasure to record the appointment of Dr. Ray Lyman Wilbur to the presidency of one of the large universities of this country—Leland Stanford, Jr., University. The opportunity has been given him to extend his work and his activities into a very large field and the knowledge and the training which he acquired as a good "country doctor" will enable him to be very useful to the institution whose future destinies and

policies he is largely to guide and shape. It would probably be conventional to compliment Dr. Wilbur upon his appointment; but would it not be more fitting to felicitate Stanford University and to compliment the medical profession and particularly the country doctor upon this recognition of what it and the type, may stand for in the community?

### Honest Therapeutics.

From the A. M. A. Journal.

The Lancet-Clinic, Cincinnati, is one of the old standbys among the medical journals of this country. \* \* \* In the middle of the front page of the issue for April 1 the following announcement is made in display type: "With this issue the editorship of the Lancet-Clinic has passed into the hands of Dr. Martin H. Fischer. The advertising pages conform to the rules of the Council on Pharmacy of the American Medical Association."

In an editorial note in the same issue, referring to the determination of the New York Evening Telegram to decline the publication of certain advertisements, the Lancet-Clinic says:

"The columns of the medical man's favorite scientific journals should likewise be cleansed of the near-quack advertisements that disgrace them. When the lay press discovers it necessary to decline objectionable advertising through force of public opinion, the physicians should find it comparatively easy to make the publishers of medical journals realize that the best way to retain their subscriptions is by purging their journals of everything objectionable in the advertising line."

A glance through the advertising pages—and of course they have been reduced tremendously—will show that the advertisements of nostrums that were familiar to the readers of the Lancet-Clinic for so many years are absent. We welcome the Lancet-Clinic to the steadily increasing number of medical journals which prefer to make financial sacrifices rather than support and encourage the use of fraudulent nostrums. But the members of the medical profession in Cincinnati and the tributary territory should realize that this action on the part of the Lancet-Clinic means a great financial sacrifice, and they should step in and help to supply the deficiency by giving it their practical support in the form of subscriptions.

### Medical Ethics—For Whom?

From the Missouri State Journal.

In the recent discussion of medical ethics in the daily press the attitude taken by the writers of various editorials exhibits a large amount of misinformation of the meaning of medical ethics. The idea prevailed with such writers that the code is a whip which the medical organization holds over the profession in order to keep all physicians from discussing "trade secrets"; to prevent the members of the society, good or bad, from letting the world know of their achievements, and to keep the laymen on the "outside" while the medical man is on the "inside."

But what are the facts? In the Principles of Medical Ethics we read: "A profession has for its prime object the service it can render humanity. Reward or financial gain should

be a subordinate consideration. The practice of medicine is a profession. In choosing this profession an individual assumes an obligation to conduct himself in accord with its ideals." What are its ideals can only be known when this code of ethics, as adopted by the American Medical Association, is read and studied. While we know that rules and codes do not make an individual better, the observance of them certainly will not make him worse.

In a recent incident the question which interested the lay press and the community seemed to be not so much a matter of professional conduct (ethics), but one of supposed persecution, without going into the merits of the individual case. The public, whose sympathy is usually with the "under dog," attacked the code of ethics and the medical profession instead of attacking individuals or societies for incorrectly interpreting the code of ethics.

We feel that it is important, in fairness to the medical organization, to direct the attention of the public to the high standard which our code stands for and to emphasize the point that the principles of medical ethics are primarily for the protection of the public. Their enforcement should receive the endorsement, not the condemnation, of the community.

#### A Moral Obligation.

From the Cleveland Medical Journal.

Physicians have the moral obligation to instruct the public in matters of health. Preaching before practice is of little avail. It behooves the medical profession to make at least a reasonable effort to clean its own house before it passes the broom to the public. Realizing this responsibility, the American Medical Association some years ago established its Council on Pharmacy and Chemistry. This Council is strictly an educational agency—it collects and disseminates knowledge about drugs, especially those drugs that are advertised to physicians and that are not described in the legal pharmacopeias. Physicians are thus put in a position to discriminate. Many have done so; others will; a few may never see the light on this earth.

#### The Physician in Industry.

From the A. M. A. Journal.

Medical supervision of employees is no longer a novelty; that regular inspection of workmen increases efficiency, prolongs lives and lengthens the period of industrial usefulness has become generally recognized. Many of our larger industries, employing thousands of men, have equipped establishments for routine examination of employees and for the treatment of injured workmen which equal in scope and equipment some of the best hospitals. Employers have found that the careful selection of men for individual positions to which they are physically fitted means a saving in the loss of time through illness and increased output of work during regular working hours. In a recent address, Alexander notes the various ways in which the physician may be of service to large industrial institutions. Aside from looking after the health of individual employees, he may search out the various conditions which affect adversely the health and comfort of all the workmen. He may aid in securing proper

ventilation and lighting. Through lectures and individual instruction, the workmen may be informed concerning healthful habits to be employed at home and in the shop. A limited number of intelligent employees may be instructed in first-aid measures, enabling them, in time of emergencies, to be of service to other workmen. The work of the industrial physician is unique. He is confronted with situations which perhaps arise in no other field of medicine. His material consists usually of workmen, many of them recent immigrants, not acquainted with the English language, subject to the diseases of the country from which they came, and ignorant of the ordinary elements of hygiene which are familiar to the graduates of the modern American public school. Efforts are being made to standardize the work in the various industrial establishments—to bring about uniform standards of ventilation, light, sanitary requirements, etc. In the great field of prophylaxis in which physicians have pointed the way, such work is practical and economical.

#### Proprietary Medicines.

From the Kentucky Med. Journal.

We had the misfortune the other day of being present at a trial where a lot of physicians with great reputations were called as expert witnesses. You will note that we make a very careful distinction between great physicians and physicians with great reputations. The Journal believes that the greatest physicians are those on the firing line, the men who are practicing medicine in the homes and carrying with them the great lessons of preventive medicine and doing the actual work of the physician. But the men with great reputations are more frequently the medical witnesses and it is of these that we are thinking just now. They were testifying that a patent medicine containing 16 per cent. of alcohol should not be given, and on cross examination when they were asked what they used for conditions for which this patent medicine had been advertised, it made one who knows feel ashamed to hear them say they had used Aletris Cordial and Gadine Cordial and Genitone and gin and whiskey and Hayden's Viburnum Compound—not one single one of which has the slightest medicinal or therapeutic value except for the very much larger percentage of alcohol that it contains. It is very, very rare that alcohol should be prescribed. It should almost never be prescribed for those painful conditions that are bound to recur in women; but if it is to be prescribed, have the courage to tell your patient to drink whiskey and do not hide yourself behind some name which simply disguises a cocktail. There was not a doctor present that could have told the contents of any of these proprietary concoctions which he had prescribed, and we desire to go on record as believing that the patent medicine man is just as honest and just as honorable if not more so, than a doctor who will give to a patient who confides in him a preparation of the contents of which he is ignorant. If you do not know the ingredients and effects of the ingredients when administering singly or in the patent combinations, of any preparation that you are using, throw it into the swill pail and take a fresh start. We believe in drugs. We



believe they are frequently effective in a way that nothing else can be, but as far as we ourselves are concerned, we should as soon take a draught of patent medicine from the shelves of a druggist as a draught of the same sort of thing from the prescription of a doctor who knows no more about the preparation or the diagnosis than the druggist did. Let us examine our patients thoroughly. Most of our doctors are doing this. When we have established a diagnosis if we do not know how to treat them, let us send them to somebody who does until we have studied therapeutics and materia medica and pharmacology, and let us once for all make up our minds that we are not going to take the word of the manufacturers of the various secret proprietary cocktails for their therapeutic efficiencies.

## Editorials from the Lay Press.

### A Cancer Quack To Jail.

From the Kansas City Star.

"Doctor" Clement, the cancer quack, must spend a year in jail and pay a fine of \$500 for his heartless preying on the public. His sentence has been confirmed by the court of appeals.

It will be a salutary lesson to other unscrupulous men who may have the idea of making money in the same cruel fashion. Medical science knows no "cure" for cancer. The men who profess to cure the disease with medicines not only are cheating the patient, they are endangering his life by keeping him from undergoing the only treatment which may restore his health.

That treatment, generally speaking, is a surgical operation. In certain cases, the Roentgen ray or radium treatment is preferable. A competent general practitioner can give the patient the proper advice. In its earlier stages cancer is curable by such treatment. It is never cured by medicine. The quack who holds out the hope of a cure by some medicine of his own devising is particularly contemptible and dangerous.

### Cancer Cured By Education.

From the Bayonne Times, March 21.

It has been pointed out in Public Health News that education is the only weapon health authorities have with which to combat cancer. The effectiveness of this weapon in cancer of the breast is shown conclusively by figures submitted by Dr. Joseph C. Bloodgood, of Baltimore, and published in the Journal of the American Medical Association for February 19, 1916.

The figures were obtained in a study of 1,577 cases recorded in the Surgical Pathological Laboratory of the Johns Hopkins Hospital. Dr. Bloodgood characterizes this study as "The most favorable and encouraging evidence that we have to date—so favorable that it seems almost just to state that education of women and of the profession can cure cancer of the breast."

The study shows that through education women have been taught to seek advice earlier and therefore the cancer is of shorter duration and there is a higher percentage of cures

by operation. That women are seeking advice earlier is shown by the fact that a greater proportion of tumors for which advice is sought are of the benign variety, discovered before they have degenerated into cancers.

Dr. Bloodgood also points out that the earlier seeking of advice increases the difficulties of the surgeon on account of the great difficulty in making a diagnosis during the early stage. The problem of diagnosis is to be met by education of the profession. The failure to seek advice early is to be remedied by education of the public. The point cannot be emphasized too strongly that whenever a lump appears in the breast, or other indication of a cancer occurs, a woman should consult a surgeon at once. This applies particularly to women of middle age.

### An Open-Air Crusade.

From the Bayonne Times

Here is a crusade which has nothing to do with politics or war or industry. It concerns children's health, which, it may be admitted, is as vital a matter as any of those mentioned.

A new organization called the Open Air Crusaders has adopted a set of health rules to whose observance it is trying to pledge school children. Here are some of the most important rules:

"I will try—To have fresh air where I work or play;

"To stay out doors as much as possible;

"To sleep with my window open, or on the porch;

"To breathe through my nose, and with my mouth closed;

"To bathe my body every day, or at least once a week;

"To keep my clothes clean and tidy;

"To sit up straight in school all the time;

"To help my school teacher to keep our school room clean and well ventilated;

"To clean my teeth, especially at night before going to bed;

"To see that no dirt or rubbish is in my yard, alley or street;

"To see that there are no flies or rats where I live."

If the children of every city in the United States undertook to obey these rules conscientiously, there would be an amazing drop in the death rate, and a still more amazing gain in the efficiency and happiness of the nation.

### Newspapers That Fool Their Readers.

From Associated Advertising.

Surely, a newspaper which will print an advertisement such as so many of them have been running for the makers of the medicine Tanlac, designed to look to the average layman like news matter, is abusing the confidence of its readers, and it is easy to believe that such practices hurt the paper far beyond the temporary profit they bring.

Presuming for the sake of the argument that Tanlac is a good medicine and will work all the marvels its makers claim for it, can a newspaper afford to fool its readers into believing that advertisements are editorial matter?

There is only one conclusion possible, and

that is that when a newspaper stoops to the level of fooling its readers, it lessens the value of its advertising space to all its advertisers, for a newspaper can not deceive its readers and get away with it any easier than a merchant can fool his customers.

The newspapers of this country have made great progress, on the whole, toward cleaner advertising, and, in a few spots, remarkable progress. But when papers in so many sections of the country are still willing to prostitute their real opportunity for the sake of the immediate dollar by deliberately fooling their readers, it does seem they still have a long and weary way to travel before they embrace their truly wonderful opportunity as advertising mediums.

#### Nonessentials.

From Collier's Weekly.

A table of annual expenditures on luxuries in this country has been put forth by Dr. Charles W. Eliot. Like everything coming from him it is worth thought. Here are some of the items:

Tobacco .....	\$1,200,000,000
Jewelry and plate .....	800,000,000
Confectionery .....	200,000,000
Tea and coffee .....	100,000,000
Chewing gum .....	13,000,000
Intoxicating liquors ...	2,200,000,00

We might be giving more, but the typewriter on which we were recording these figures developed paralysis while writing the sum spent on booze.

#### Abating a Nuisance.

From the N. Y. Tribune, March 31.

New York State at last appears to be in earnest in its intention to free its citizens from the nuisance of smoke and noxious fumes from across the river. The Assembly has passed a bill authorizing the Governor, on recommendation of the Health Commissioner, to revoke the charter of a corporation to do business in this state if a nuisance exists in the operation of the business. A suit in equity has already been begun because of the fumes which assail Riverside Drive and the upper West Side from New Jersey; and the Governor has directed the Attorney General to bring an action in the United States Supreme Court against several concerns in Bayonne which send noxious vapors and smoke across to Staten Island and lower Manhattan.

These nuisances are of years' standing. There is no question about their unpleasantness; there seems little question that they are actually harmful to health. If the ability to abate the nuisance lies within the skill of chemists and engineers, it assuredly should be abated. Perhaps this vigorous prodding by the State authorities will hasten the accomplishment of that greatly-to-be-desired event.

#### Relative to Christian Science.

From the Living Church.

I have just been reading a marvelously interesting summary of the advances in medical and surgical science brought about by the necessities of the great war now waging. The prevention of lock-jaw by the use of anti-tetanus serum; the marvelous improvement in the treatment of wounds by the prevention of

gangrene and other infections through Sir Almroth Wright's methods; the practical abolition of typhoid through immunization; the wonderful work done by our American physicians in the typhus epidemic in Serbia; the averting of a cholera plague; all these things increase our gratitude to the good physicians who have accomplished such wonders. But a question naturally suggests itself:

If so-called "Christian Science" had been in charge, what would have happened?

Suppose you answer that question honestly, since Eddyism would have been an incredibly tragic and wholesale failure in all that field, because its fundamental claims are in contradiction to all that these wise medical men have proved; it then follows that Eddyism is utterly pernicious always, in dealing with disease, or injury, or souls.

**A Definition.**—Christian Science is that form of religious belief that enables one to be positive he hasn't anything the matter with him if he hasn't.—Puck.

#### GERMS AND THE MOVIES.

From the Newark Evening News.

When those indefatigable young men who go about investigating and scoring dairies so that the people of Newark may have milk which as nearly as is practicable approximates good milk, find a barn in which each cow has 500 or more cubic feet of air space, they give the owner of the barn the highest possible mark in that respect. When the air space is less than 500 cubic feet the mark is lower, when the space is less than 400 feet the mark is lower still, and when it is less than 300 feet there is no credit mark at all. To keep healthy a cow should have at least 500 cubic feet of air in which to breathe at all times.

By comparison a computation of the number of cubic feet of breathing space allotted to each person attending a motion picture show in Newark, in any city or town of the State, would be interesting. The amount of breathing space in any place where crowds congregate has a distinct bearing on germs, and the efficacy of ventilating arrangements probably has an even more direct application. The New York Health Department has been collecting germs in motion picture theatres and has achieved a degree of success which is startling, it is announced. With little glass plates exposed in theatres, at the height of the average person's nostrils, germs of almost every known kind are said to have been captured, and all were healthy and active.

The report of the inspectors who made the investigation, showing that only seventy-seven of the 1,000 theatres visited were properly ventilated, might be read with interest in any community where the picture theatre exists. It states that many theatres are sprayed, as to their interiors, with perfumed disinfectants, which process, however, has no effect on germs coming from the mouths of persons, and finds that there is no more favorable breeding place for germs than the small, overcrowded picture house. If the Newark Board of Health had some dairy inspectors to spare, it might let them investigate the motion picture theatres and find out just how much better the average cow is situated than is the average movie-admiring human being.



## Therapeutic Notes.

### Bronchial Asthma.

Sodii iodidi.  
Tinct. belladonnae fol.  
Tinct. hyoscyami.  
Tinct. lobeliae, aa f. ʒij.  
Syr. pruni virg., ad f. ʒiij.

M. Sig.: One teaspoonful in water four times a day.—Swan.

### Cough—Chronic.

Terpini hydratis, ʒi.  
Alcoholis, ʒi.  
Syrupi pruni virginianae, ʒiij.

M. Sig.: Teaspoonful three or four time a day.

### Cough—Nervous.

Codeinae, gr. v.  
Acidi hydrocyanici diluti, ʒi.  
Elixiris aurantii, q.s. ad ʒiv.

M. Sig.: Teaspoonful four or five times a day.

**Croup.**—Turpentine and sugar (Med. Fortnightly), three-drop doses taken every half hour, and topical applications made to the throat and chest by flannel cloths wrung out of hot water and saturated with the turpentine (the applied cloths covered with dry compresses) is considered a sovereign remedy in croup.

### Facial Neuralgia.

Menthol, 5.0.  
Sulphuric ether.  
Spirit of lavender, aa 50.0.

M. Sig.: Rub gently over affected area.

### Fetid Breath—Gargle for.

Salol.  
Salicylic acid, aa 0.2.  
Saccharin, 0.5.  
Vanilline, 0.1.  
Alcohol (60 per cent.) 100.0.

M. Sig.: A small teaspoonful in a glass of hot water five or six times a day.—Journal des Sciences Medicales de Bordeaux.

**Iodine Internally in Place of Potassium Iodid.**—Dr. Zaussalloff (Russky Vrach) warmly recommends tincture of iodine as a substitute for potassium iodide in diseases like syphilis, rheumatism, gout and obesity. The dose is one drop given three times a day, and is daily increased by one drop to a dose. In many cases fifty drops were given three times a day without any of the by-effects which are so common with potassium iodide and without any gastro-intestinal irritation. He used it in 352 cases, and gives detailed reports of twenty-four cases.

**Medical Treatment for Adenoids.**—Falkner uses the resorcin treatment in all cases where operation is contra-indicated. Chemically pure resorcin crystals and pure water, 100 per cent. of each by weight; another solution half that strength for infants. This is applied through the mouth, behind the palate, and up against the adenoid enlargement by means of a wad of absorbent cotton dipped in the solution and

held in the grasp of properly curved forceps. The parts touched become immediately covered by a white coating. Applications are made once daily for ten or twelve treatments.—Tonsils and Adenoids, Treatment and Cure."

**Nitroglycerin in Failing Circulation.**—Dr. H. A. Hare, in the Therapeutic Gazette, in part of an address read before a joint meeting of the Essex District Medical Societies in Danvers, Mass., on "Certain Facts of Interest About the Cardiovascular System," declares concerning nitroglycerin as follows: "Let me reiterate what I have often insisted upon on other occasions, namely, a protest against the use of nitroglycerin with or without other drugs for the purpose of helping a failing circulation. How this well nigh universal plan ever came to be practiced I do not know. There is no use for nitroglycerin in pneumonia except possibly in the early stages of the disease when the patient is a sufferer from hypertension before he is stricken, and this pressure is increased by the fever of the acute illness."

**Prophylaxis in Acute Abdominal Pain.**—Dr. Robert P. Bay insists that acute abdominal pain be considered as serious until proved otherwise. Cathartics are contra-indicated until there is an assurance that no inflammatory process exists. Small enemas are indicated, and peristalsis may be quieted by heat or ice; nothing should be given by mouth, and patient's head should be elevated. If immediate relief is necessary, Murphy's proctoclysis and a small dose of morphine (one-twelfth of a grain) may localize the pain. More good can be accomplished by lessening the peristalsis than harm by lessening the pain.—Maryland Medical Journal.

**Treatment of Rigid Os.**—Dr. Brand, in the British Med. Jour., protests against the use of tartar emetic recommended in a previous issue of the British Medical Journal for the purpose of relaxing a rigid os uteri in labor, and presents instead a method of his own. A tampon of lint or absorbent cotton is soaked in a solution of cocaine or beta-eucaine, 10 gr. to the ounce of saturated boric acid solution, and is applied to the mouth of the uterus. It never fails to relax the most obstinately rigid os, and, in addition, so anesthetizes the vaginal mucosa as to diminish the discomfort caused by the fetal head as it passes the outlet.

**Treatment of Syncope.**—Dr. Melville A. Hays thus outlines the treatment of syncope, in the N. Y. Med. Jour. Regardless of the cause, the patient should be placed at rest in the recumbent position with the head lowered. When due to hemorrhage, the quantity of the blood must be restored by transfusion of normal solution, while direct heart stimulants must not be used until the source of the hemorrhage is ascertained and the bleeding checked.

General measures are cold affusions to the face and chest; inhalation of amyl nitrite or ammonia (the former being used very carefully); direct stimulation of the heart (except in hemorrhage) by the hypodermic use of

atropine, strychnine, brandy, aromatic spirit of ammonia.

Impending syncope may often be warded off by frequent small doses of tincture of nuxvomica, or the administration of brandy or aromatic spirits of ammonia.

#### **Typhoid and Paratyphoid Fevers.**

Professor Castellani in the Proceedings of the Royal Society of Medicine, says that paratyphoid is a milder and shorter disease than true typhoid, of course, with exceptions. In the Tropics the two conditions cannot be differentiated clinically, as true typhoid often runs a most atypical course and may begin quite abruptly. The diagnosis, therefore, is based on bacteriological findings. His treatment is the same as for true typhoid, and he adheres to the older treatment of strict fluid diet during the whole course of the fever, and for some days after its subsidence. The newer method of treatment by a more substantial diet had been tried, but the mortality had been much greater than on the fluid diet, and as the cases in both Ceylon and India often show a malignant type, a return had been made to the old treatment. Prophylaxis is to be found in anti-paratyphoid inoculation.

### **Hospitals, Training Schools, etc.**

#### **Bridgeton Hospital.**

At the annual meeting held April 11, it was reported that during the year there were 477 patients admitted, 335 operative, 142 medical; 23 births, 19 deaths from surgical cases and 17 medical. The highest number cared for in one day was 27. The average cost per patient was \$2.60 per day. There were 50 free patients, 31 who paid in part, 735 days of hospital care that were entirely free. There is an appropriation from the county and also from the city of \$1,000 each and \$500 each from two big manufacturing firms.

#### **Cooper Hospital, Camden.**

This hospital last month opened a new department for the treatment of diseases of children. They had before that been treated in the general medical department.

#### **Hackensack Hospital.**

The twenty-eighth annual report of this hospital has recently been issued. It covers a period of nineteen months as the hospital year had been changed from June 1st to January 1st. The following figures are culled therefrom: June -, 1914 to June 1, 1915: Remaining in hospital June 1, 1914, 48. Admitted: Surgical cases, 390; medical, 185; diseases of women, 178; diseases of ear, 7; of eye, 9; of nose and throat, 118; of skin, 4; of nervous and mental disease, 14; obstetrical, 100; genito-urinary, 33; unclassified, 104; total, 1,190. From June 1, 1915, to January 1, 1916: Remaining in hospital, June 1st, 56; admitted: Surgical cases, 247; medical, 175; diseases of women, 90; diseases of ear, 6; eye, 9; nose and throat, 97; of skin, 1; nervous and mental cases, 12; obstetrical, 73; genito-urinary, 18; unclassified, 68; total number, 852. Total for nineteen months, 1,986.

Dispensary cases for year ending June 1, 1915, 222 cases; for six months ending January 1, 1916, 181 cases; total, 403. Operations during year ending June 1, 1915, 510; during six months ending January 1, 1916, 297; total for nineteen months, 807.

Deaths for year 1914 to 1915, 64, including 14 dying within 24 hours after entrance; for the six months ending January 1, 1916, 40, including 13 who entered 24 hours before death.

Dr. David St. John is the medical and surgical director of the hospital, Dr. Edgar K. Conrad is secretary, Dr. G. H. McFadden, A. A. Swayze and F. S. Hallett are visiting physicians and Drs. St. John, F. H. White and E. K. Conrad, visiting surgeons. Dr. N. A. Harris is homeopathic physician.

#### **Mercer Hospital, Trenton, Wins Legacy Case.**

By a decision of Judge Buffington, of the United States circuit court of appeals, in Philadelphia recently, affirming the decree of the district court of New Jersey, the Mercer hospital, as residuary legatee of the estate of Wesley E. Whittaker, is to receive a fund of \$123,801.45, which came into the hands of his executors, after his death, from the estate of his brother, Albert J. Whittaker, deceased. Payment of the fund to the hospital was contested by a niece.

#### **Millville Hospital.**

A campaign was carried on last month to raise \$10,000 toward a fund to be used in the construction of an annex. The city was divided into 38 districts each to have canvassers going from house to house.

#### **Overlook Hospital Training School, Summit.**

The graduating exercises of this training school for nurses will be held May 25, in the Lincoln School auditorium when diplomas will be presented to five graduates. Dr. W. H. Lawrence, Jr., superintendent of the hospital, will address the graduates.

#### **St. Barnabas Hospital's Semi-Centennial.**

Celebration of the semi-centennial anniversary of the organization and founding of the Hospital of St. Barnabas will be observed in a dual manner. A religious service, held on one of the first Sunday nights after Easter, was arranged by Bishop Edwin S. Lines of the Episcopal Diocese of Newark and a tea and reception, under the auspices of the guild to the hospital, will be given on the afternoon of May 10, the actual date of the founding of the organization.

The hospital, which was a pioneer free institution, was incorporated with its main object, as "the care, nurture and maintenance of sick, infirm, aged and indigent persons, and of orphan, half-orphan and destitute children, the providing for their temporal and spiritual welfare, and the procuring or erecting of a suitable building or buildings."

Bishop Lines is president of the board of trustees and Dr. Archibald Mercer is president of the medical board. The guild has a Lenten sewing class, which last week completed the twentieth year of its existence, and which was organized by Mrs. Mercer. There is also a junior guild.



### Hudson County Tuberculosis Hospital and Sanatorium.

Medical Director B. S. Pollak, M. D., in his report for February, gives the following:

In the institution February 1st, males, 117; females, 51; total, 168. Admitted during the month, 37—26 males and 11 females, total treated 205. Discharged—improved, 9; unimproved, 10; not tuberculous cases, 2; died, 17; remaining at the end of the month, 118 males and 49 females, total, 167. Number of employees, 48.

The direct maintenance expense was \$1.09 per capita. The total per capita expense, including administration expense, was \$1.58.

The clinic expenses were: Salaries, \$1,659.96; expenses, \$496.52; chaplains' salaries \$120.84; county investigator's salary, \$100.

### Camden City Dispensary Fifty Years Old.

Fifty years ago the Camden City Dispensary was founded and according to the annual report filed by its officers, 179,433 patients have been treated and 3,294,499 prescriptions have been filled during that time. The report of the secretary, Dr. Daniel Strock, shows that during the past year 2,406 patients were treated at the dispensary and the district physicians treated 250 at their residences. Patients made 3,089 visits to the dispensary, and the district physicians made 513 visits to patients at their homes, a total of 3,602 visits. There were 59 dental patients treated, and 85 visits were made to the dentists' office by patients. There were 370 individuals vaccinated.

A prior attempt to start the dispensary was made by Dr. O. H. Taylor in 1859, and the plans began to take form when the Civil War broke out and it was abandoned until 1865.

### Opposition to the Mount Sinai pay Clinics.—

The following resolution was unanimously adopted at a meeting of the Medical Society of the County of New York, held on Monday evening of this week:

"It is proposed by a large hospital in this city to establish a night clinic for the medical and surgical treatment of persons on the general basis of \$1 a visit. A provision is also made that the institution will endeavor to confine its aid to persons having incomes of \$1,200 a year or less."

It is evident that this method could be ultimately extended to every hospital in the city and take a large section of the general and special practice from the profession and place it in the hands of medical institutions.

Whereas, past experience has shown the impossibility of limiting the benefits of medical charity to those entitled to it by an arbitrary income rating:

"Whereas, Employed persons earning \$1,200 a year are by no means objects of medical charity;

"Whereas, Employed persons earning the above income are a very large part of the clientele of the general practitioner and specialist;

"Whereas, Hospital dispensaries have been established to care for the sick poor only;

"Resolved, That the Medical Society of the County of New York condemns and opposes the scheme of pay night clinics in medical institu-

tions as an unnecessary pauperization of individuals and as an injury to the medical profession."

## Marriages.

PROUT-MOORE—At Elizabeth, N. J., April 26, 1916, Dr. Thomas Peck Prout, of Summit, N. J., to Miss Caroline McDonald Moore, of Elizabeth.

VAN DYKE-HAKE.—At Philadelphia, Pa., April 22, 1916, Dr. Benjamin S. Van Dyke, of Cranbury to Miss Mary Hake, of Philadelphia.

## Deaths.

CURTS.—At Paterson, N. J., April 16, 1916, Dr. Robert Morison Curts, aged 45 years.

Dr. Curts was born in Ontario, Canada, March 17, 1871. He was a son of the Rev. James Curts, a Presbyterian minister, and received his early education in the town of his birth. When a young man he decided on the medical profession and began his studies at Trinity Medical College, Toronto University,



ROBERT M. CURTS, M. D.

Courtesy of The Paterson Call.

Canada. He completed his studies and after a short period of practising he moved to Paterson, where he has since been located.

He was a member of the Passaic County Medical Society, The Medical Society of New Jersey, and of the American Medical Association; he was the first president of the Surgical Society of New Jersey and a fellow of the American College of Surgeons. He was

the visiting surgeon of St. Joseph's Hospital, Paterson, and consulting surgeon of the Franklin Hospital.

Dr. Curts devoted practically his entire time to the surgical branch of his profession and rose rapidly through the adeptness and skill which he exhibited in the more difficult operations. He was a practised diagnostician and a man whom his brother physicians sought for consultation.

Dr. Curts in 1905 was elected chairman of a committee appointed to look into the sewage disposal question. The trunk sewer which is now approaching completion was recommended as the most feasible plan.

Dr. Curts was a member of many fraternal and social organizations. He was the present president of the Hamilton Club, one of the most influential and select clubs in the northern part of the State. He was also a member of the Areola Country Club.

Several years ago he made a tour of Europe and spent considerable time in the study of surgery in the leading universities there. After his return the knowledge gained served him in good stead and his fame spread throughout the State and to surrounding States.

He was married to Miss Clara A. Wilson, of Sussex, N. J., seventeen years ago, a short time after he took up his residence in Paterson. He is survived by his widow and three children. Dr. James A. Curts was his brother, also a very prominent physician of Paterson, who died December 31, 1913, from the results of an accident.

Dr. Curts was but forty-five years of age, a young man to have reached the heights attained by him in his chosen profession, and his death resulted from the effects of the first serious illness of his life. On February 8, last, he was operated upon at St. Joseph's Hospital for an abscess of the liver and though he rallied and appeared to have surmounted a most serious operation, the far reaching effects of the attack were greater than his skilled attendants had anticipated.

His progress at the hospital after the operation was noted with satisfaction and several weeks later he was removed to his home and continued to gain in health and strength for a time. One week ago a relapse set in and from then on it was a struggle against heavy odds in which the patient fought determinedly, though unsuccessfully, for his life. The best that medical science could give was offered in constant attendance but in vain.

He was a man of wide public prominence and despite his extensive practice found time to lend his service to several big civic undertakings. In his death the city lost a foremost citizen, the medical profession sustained a loss that it will feel for years, while his family, though profound sympathy is extended from all sides, has suffered a blow which time itself can only lessen.

The following editorial on Dr. Curts' death appeared in *The Call*, of Paterson:

The passing of Dr. Curts, which occurred recently, will be deeply regretted throughout the city. He was not one of the older group of physicians that distinguished themselves in this community, but he, nevertheless, had easily and early established himself as one of the authorities in this community in the depart-

ment of medicine in which he specialized. He was comparatively a young man, but had crowded much study and high achievements for humanity in the years which he devoted to his profession. He was not narrow or circumscribed, but in addition to the science and medicine to which he was devoted he had a wide outlook on life and literature. Eminent though he was in his profession, those who knew him best will remember him as a widely read and cultured gentleman.

There will not be spoken to-day a single unkind word about Dr. Curts. No weakness will call for apologies from his friends. No shortcomings will have to be overlooked by those who loved him. No explanations will be made for any weaknesses of character, for his character was beyond reproach and his professional standing of the highest. He was a man of such proportions, of such nobility of temperament, of such sterling honesty and loyalty that none of us need be ashamed we knew him.

**CULVER.**—At Jersey City, N. J., April 12, 1916, Dr. John W. Culver, of that city.

Dr. Culver graduated from the New York University College in 1895. He was a member of the Hudson County Society and the Medical Society of New Jersey.

**DOHERTY.**—At Jersey City, N. J., March 26, 1916, Dr. John William Doherty, of angina pectoris, aged 50 years.

**HATTON.**—In Camden, N. J., March 27, 1916, Dr. Louis Hatton, aged 81 years.

Dr. Hatton graduated from the Philadelphia University of Medicine in 1864.

**KRAUSS.**—In the State Hospital, Trenton, on March 16, 1916, Dr. Gustave Adolph Krauss, formerly of Jersey City, a graduate of the New York University Medical College in 1898.

#### IN MEMORIAM.

John G. Ryerson, M. D.

Resolution adopted by the Morris County Medical Society.

Whereas, In the death of Dr. John G. Ryerson, the Morris County Medical Society has lost an honored and respected member, therefore,

Resolved, That we greatly deplore the passing from us of our fellow member and professional brother, and we desire to record our appreciation of his attainments as an eminent member of the medical fraternity and we wish especially to acknowledge and emphasize the unremitting fidelity with which he has always identified himself with the interests of this society—one of its charter members at its reorganization more than forty years ago, almost never, in the years that have followed, has he failed to be present at its meetings. And his familiar presence will be greatly missed therefrom.

Dr. Ryerson was a forceful and dominant personality. At no time content with a mere mediocrity of position or achievement; he made his presence and influence actively felt, in whatever position placed. Endorsed with the most robust and vigorous health, which defied all physical fatigue, it required a long life time



—fifty years—of the most arduous medical service to finally wear him out.

Resolved, That in his unflinching loyalty to the profession which he loved, and served so long and well; in the indomitable courage with which he was ever ready to uphold what seemed to him the true standards of medical belief and practice, he has given us an example worthy of emulation.

Resolved, That these resolution be entered upon the minutes of our society and published in the Journal of the State Medical Society.  
Edward P. Cooper, Cuthbert Wigg, Committee.

## Personal Notes.

Dr. Edward A. Ayers, Branchville, was chosen as a member of the grand jury of Sussex County for the April term.

Dr. J. G. L. Borgmeyer, Bayonne, and wife were entertained at luncheon on board the Oscar II, recently.

Dr. James S. Brown, Montclair, and family recently returned from their two month's stay in Pinehurst, N. C.

Dr. Sylvan G. Bushey, Camden, who has been confined to the house for some time, is recovering.

Dr. Henry P. Dengler, Springfield, spent a few days at Atlantic City last month.

Drs. George E. Galloway and George L. Orton, Rahway, have been elected physicians of Rahway Lodge, No. 1363, Loyal Order of Moose.

Dr. Thomas N. Gray, East Orange, was recently permanently appointed chief of the bureau of tuberculosis in charge of the Verona Sanatorium, at a salary of \$3,000 per annum.

Dr. Edward J. Ill, Newark, and John N. Ryan, Passaic, addressed the New Jersey State Nurses' Association at the annual meeting in Passaic, April 4th.

Dr. Caldwell B. Keeney, Summit, has moved from Springfield avenue to 9 De Forest avenue.

Dr. Julius Levy, Newark, head of the bureau of child hygiene of the Board of Health, was presented with a silver loving cup by the workers of that department, recently.

Dr. Frederick W. Marcy, Camden, last month enjoyed a three weeks' Southern trip.

Dr. Watson B. Morris, Springfield, on his way to Summit in his auto, had his new car badly damaged in a collision with another auto, last month. He, however, escaped serious injury.

Dr. John M. Randolph, Rahway, has been elected physician of Court Rahway, No. 55, Foresters of America.

Dr. Charles C. Saulsberry, New Brunswick, recently returned from a short stay at Pinehurst, N. C.

Dr. E. Blair Sutphen, Morristown, and wife spent a few days at Atlantic City last month.

Dr. Theron Y. Sutphen, Newark, and daughter, spent a week at Atlantic City last month at Hotel Brighton.

Dr. Harry Vaughan, Morristown, has moved his office from 129 to 119 Speedwell avenue.

Dr. Cuthbert Wigg, Boonton, and wife have returned from their two months' stay in Florida.

Dr. Guy O. Brewster, Dover, addressed the

Auxiliary Hospital Association at a meeting last month on "The Hospital's Needs."

Dr. Francis H. Glazebrook, Morristown, spent several days in New York City last month.

Dr. John F. Hagerty, Newark, was recently elected vice-president of the Alumni Association of the New York University.

Dr. Frank L. Horning, Camden, was given a surprise party last month on his 54th birthday anniversary.

Dr. George H. Parker, Trenton, has been elected a trustee of the Fourth Presbyterian Church of that city.

Dr. George N. J. Somers, Trenton, and son, have been spending a few weeks in Florida.

Dr. George W. Tyrrell, Perth Amboy, expects to go this month to his winter home in Florida for two weeks.

Dr. Alfred A. Lewis, Morristown, will move on June 1, from 102 to 68 South street.

Dr. O. H. Sproul, Flemington, was recently re-elected secretary of the Center Bridge of the Delaware Bridge Company.

Dr. Frank P. McKinstry, Washington, read a paper on "Measles" and Dr. Creveling a paper on "Flies," at a recent meeting of the local Board of Health.

Dr. Henry Wallace, Glen Ridge, and wife, have returned from an extended Southern trip.

Dr. George Henry, Flemington, has been elected district deputy for the sixth district, I. O. O. F.

Dr. Bruno Hood, Newton, addressed the Tri-County Dental Society at its quarterly meeting in Newton last month.

Dr. J. Watson Martindale, Camden, has resigned his positions on staffs of the Gynacean and Stetson hospitals, Camden.

Dr. Clinton D. Mendenhall, Bordentown, and family spent a few days at Atlantic City last month.

Dr. Richard C. Newton, Montclair, has a paper in the Medical Record, April 15, on "A Practical Scheme to Improve the Physique of Americans."

Dr. Leon T. Salmon, Lambertville, was recently elected a trustee for three years of the Presbyterian Church.

Dr. Edward Staehlin, Newark, has a paper in the Amer. Jour. of Surgery, on "Congenital Cystic Kidneys," with report of a case.

Dr. F. Vernon Ware, Millville, has been selected as a member of the grand jury of Cumberland County for the April term.

Dr. Lewis B. Burd, Ogdensburg, has returned home from a week's stay in Tannersville, Pa.

Dr. Paul Cort, Trenton, is to be instructor of a class on First Aid to the Injured, to be started in the early fall by the Trenton Chapter of the National Security League.

Dr. Lancelot Ely, Somerville, and wife recently entertained the members of the Somerset County Medical Society and their wives at their home.

Drs. F. G. Scammell, H. B. Costill, H. B. Kummell, W. A. Wetzel and others met last month to start a movement for the formation of a University Club in Trenton. Assistant Attorney General Gaskill and James M. Green, Ph. D., of the State schools are also active in the movement.

## Medico-Legal Items.

### Deceased Physician's Account Books in Evidence to Prove Litigant's Birth.

Under the "shop-book" rule an exception to the general rule against hearsay evidence, it is held that entries in the books of original account of a deceased physician, proved to be in his handwriting, tending to show the date of a litigant's birth, which was in issue, and as to which the physician, if living, would have been a compact witness, were admissible in evidence for that purpose.—*Sharp v. Blanton*, Alabama Supreme Court, 69, So. 889.

### Fraud Order Upheld After the Employment of a Physician.

The United States Circuit Court for the Southern District of New York in denying a motion, in this old but recently reported case, for a preliminary injunction to restrain the postmaster at New York City from withholding mail from the complainant, who was selling "electric belts" which were advertised as curing or aiding many ailments and increasing and preserving the sexual powers of men, holds that the presumption was that the postmaster general was right in his conclusion on which he issued the fraud order under which the mail was withheld. Certainly the complainant, the court says, did not meet the burden of proof imposed on him by the presumption. He admitted one recent instance of business to be indefensible, and scarcely denied that such instances may have been the rule. If they were even rare, he admitted that some fraudulent quackery existed until recently. To assert that the course of business indicated by the past had been mended by the sudden employment of a licensed physician, concerning whose professional qualifications (including pecuniary independence of the complainant and the electric belt business) nothing was shown, was asking too much of credulity. The complainant's argument was based on the proposition that his misdoing must be proved to be in the present tense, to justify a fraud order. The court knows of no more persuasive evidence of present conduct than past performance.—*Hall vs. Wilcox*, U. S. 225 Fed. R. 333.

### Undertaking of Physician and Duty of Patient.

The Supreme Judicial Court of Maine grants the defendant's motion for a new trial in this case where a verdict was rendered against him for damages resulting from alleged negligence on his part in the reduction and treatment of a fractured limb. The court holds that a physician contracts with his patient that he has the ordinary skill of members of his profession in like situation, that he will exercise ordinary or reasonable care and diligence in his treatment of the case, and that he will use his best judgment in the application of his skill to the case. The physician is not an insurer. He does not warrant favorable results. If he possesses ordinary skill, uses ordinary care, and applies his best judgment, he is not liable even for mistakes in judgment. But in cases of this nature a duty devolves on the patient. In an extensive note to be found in the case of *Gillette vs. Tucker*, 93 Am. St. Rep. at page

662, on the authority of cases there cited it is held that it is the duty of a patient to follow the reasonable instructions and submit to the reasonable treatment prescribed by his physician or surgeon. If he fails in his duty, and his negligence directly contributes to the injury, he cannot maintain an action for malpractice against his physician or surgeon, who is also negligent in treating the case. In the absence of any exceptions to the instructions of the presiding justice, this court must assume that these principles of law were correctly stated to the jury. It is the opinion of the court, however, on a careful examination of the evidence, that the jury did not give due consideration to that part of the testimony which related to the conduct of the plaintiff and its effect in producing the unfortunate results from which he now suffers. Hence the verdict was so erroneous as to demand an affirmative finding on the motion of the defendant for setting aside the verdict and granting a new trial.—*Merrill vs. Odiorne* (Me) 94 Atl. R. 753.

## Books Received.

*All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.*

### The Practice of Obstetrics by Edwin B. Cragin, M. D.

Lea & Febiger have recently placed upon the market Cragin's Practice of Obstetrics, a compact volume of 839 pages; its text is elucidated by 500 illustrations and the book is divided into six comprehensive parts: Part I., Anatomy and Embryology; Part II., Physiological Pregnancy and its Management; Part II., Pathological Pregnancy; Part IV., Pathological Labor; Part V., Obstetric Surgery, and Part VI., Pathological Puerperium.

Occupying the chair of Obstetrics at The Columbia University for a goodly number of years, the author has had unusual opportunities for acquainting himself with the peculiar needs of the medical student and as Visiting Obstetrician to The Sloan Hospital for Women he has also had extraordinary facilities for meeting with all the common and uncommon exigencies of obstetric practice; his book, written with terseness and clarity, is the mature outcome of his combined functions of teacher and active obstetrician. Though primarily a practical text-book for students, its pages are replete with interesting facts and the minute and intimate details of common obstetric procedures commend themselves to the attention of the painstaking general practitioner.

A feature which is quite unique is the careful statistical study of the incidence, morbidity and mortality of the various obstetric contingencies. Since the author bases his findings on over 20,000 consecutive cases, which either he or one of his trained, supervised adjuncts has delivered at the Sloan Hospital, they undoubtedly have an appreciable value, indeed his figures may well be regarded as the cornerstone of the American Statistics of Obstetrics.

The chapters which appeal most strongly to



the reviewer are: Puerperal Infection—Pyelitis of Pregnancy—Anatomy of the Perineum—Vaginal Caesarian Section—Ophthalmia Neonatorum—Eclampsia—and the author's survey of "Twilight Sleep." The book will no doubt be kindly received by the profession.

—Nathaniel G. Price, M. D.

**Autoplastic Bone Surgery**, by Chas. Davison, M. D., and Franklin D. Smith, M. D. Published by Lea & Febiger, Philadelphia, and New York.

This book of 350 odd pages, deals in a concise way, with the pathology and treatment of bone and joint surgery. It is founded on the pathological basis, the authors evidently feeling that a comprehension of bone histology and pathology, is a pre-requisit for treatment.

At the present time our knowledge of bone is embryonic, and any attempt to clarify the subject is worthy of consideration. There is no padding. The chapter dealing with the instruments used, with the advantage for each is pointed out. The use of the bone peg, over non-absorbable materials is well demonstrated. However, the difficulties of properly using the inlay method are more serious than the authors acknowledge. An admirable description is given of both the Hibbs' and Albee osteoplastic operations for Pott's disease. The illustrations and rontgenograms of post-operative cases are excellent and well chosen. This work should prove of great interest to the general surgeon as well as the orthopaedist.

Chas. E. Selvage.

**Progressive Medicine, Vol. XIX., No. 1. Whole No. 69.** A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart A. Hare, M. D. Published by Lea & Febiger, Phila. and N. Y.

A very valuable number containing important summaries of advances in the surgery of the head and neck; thorax and breast; the infectious diseases, diseases of children, rhinology and otology.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Illinois, October ...	109	86	23
Kansas, October....	6	4	2
Maine, November ..	12	.9	3
Massachusetts, Nov.	46	23	23
Michigan, October...	19	19	0
Montana, October...	30	25	5
Nebraska, November,	17	15	2
Nevada, Nov. ....	7	6	1
N. Hampshire, Sept.	3	2	1
New Jersey, October..	40	36	4
New Mexico, Oct.*..	1	1	0
New York, October...	171	119	52
South Carolina, Nov.	36	16	20
Texas, Nov. ....	31	21	10..
West Virginia, Nov...	19	15	4
Wyoming, October...	5	5	0

\*Twelve candidates were examined on satisfactory credentials.

The Ohio Board of Examiners on October 12th licensed 10 candidates through reciprocity and 2 candidates were granted registration licenses.

**Medical Colleges to Unite in Philadelphia.**

Announcement was made of a proposition to merge three medical institutions in this city. Dr. William E. Pepper, dean of the medical school of the University of Pennsylvania, stated that a plan is on foot to merge the Medico-Chirurgical College and Jefferson Medical College with the medical department of the university. "The merger of the three institutions," Dr. Pepper asserted, "would unify the medical schools of Philadelphia and would in all probability, make this city the center of medical education the world over."

**Graduates Passing Examining Boards.**

The April 8th issue of the A. M. A. Journal is designated as the State Board Number. From its extensive tables we have hastily culled the following: In New Jersey the past five years—1911-1915 inclusive, the A. M. A. records show the following number of applicants registered and rejected:

In 1911, registered 107, rejected 15; in 1912, registered 59, rejected 14; in 1913, registered 60, rejected 7; in 1914, registered 41, rejected 13; in 1915, registered 71, rejected 8. Total for five years: Examined 404, registred 347, rejected 57, or a percentage of 14.4 rejecteu.

The eleven highest percentage of rejections were: Alabama, 37.7; Mississippi, 36.6; Oregon, 32.9; South Carolina, 31; Arizona, 29.5; Tennessee, 28; North Carolina, 27.5; Connecticut, 26.7; Massachusetts, 24.3; New York, 24.8; Pennsylvania, 16.5; Alaska had no rejections of the 20 examined; Wyoming had 2.1; Michigan, 2.2; Delaware, 2.3; Vermont, 2.6; Iowa, 4.8; Ohio, 5; the New Jersey State Board in 1915 registered 86 physicians through reciprocity, 38 coming from New York, 24 from Pennsylvania, 5 from Vermont, 4 from Maine, etc. The statistics show that 5,872 physicians were licensed in this country in 1915, or 75 more than in 1914.

Table D, page 1106, shows the numerous pitfalls to be avoided by prospective medical students concerning the non-recognition of medical colleges by the various State Boards of Examiners, e. g., New Jersey Board does not admit to its examination graduates of 21 of the 96 medical colleges specified and certain specified graduates of 50 colleges are ineligible for license. One table shows the percentages of graduates of 35 medical colleges that graduated, 50 or more students in the year 1915, who failed to pass the examining boards. In the case of eight colleges there were no failures; in one there were 42 per cent. of failures, in one 33, and in another 30 per cent. etc.

The A. M. A. Journal says:

"The publication of these statistics has had a marked influence on medical colleges. Whereas previously medical faculties were unaware of the weakness in their methods of teaching, these statistics now show how frequently graduates fail at the state license examinations. The colleges have made marked improvement in their equipment, and better teachers have been secured and better methods adopted."

A ninety-eight pound lump of feminine loveliness can make a 200-pound man feel like a grain of sand in a nickel's worth of sugar.

## Public Health Items.

### Reporting Communicable Cases to Health Board.

The State Department of Health intends waging a vigorous campaign to compel physicians to report cases of communicable diseases. Failure of a doctor to promptly notify the health authorities will result in the State Department demanding that the local health board shall prosecute him. Another drastic step decided upon is to summon local health boards to Trenton for failure to respect commands of the State authorities.

Diseases required to be reported within twelve hours after the physician's first professional attendance upon the case are: Cholera, yellow fever, typhus fever, leprosy, plague, trichinosis, smallpox, varioloid, typhoid fever, diphtheria, membranous croup, scarlet fever, malaria, tuberculosis, trachoma, hydrophobia, glanders, anthrax, chickenpox and infantile paralysis.

When one considers the recent appropriation by a large Eastern State of \$150,000 for health and \$750,000 for the benefit of hunters and fishermen it would seem that the children's welfare is undervalued.

### Death Rates in New York and Chicago.

The death rate in New York for the week ending April 1, was 15.4 per 1,000 population. and it was exactly the same in Chicago. For the corresponding week of 1915 in New York it was 17.47 and in Chicago 16.5.

A report of the Department of Health of New York City, on a bacteriologic study of fifty cases diagnosed as "grip," showed that the streptococcus played the leading role. It was the predominating micro-organism in twenty-six of the fifty cases. Pneumococci were responsible for nineteen cases, Micrococci Catarrhalis for eighteen and the Bacillus Influenza for only nine.

Nearly 100,000 in North Carolina have been given free anti-typhoid treatments since the beginning of the anti-typhoid campaign in that State early this year. This means that through the educational efforts of the State health officers and the co-operation of the county health officers, a good-sized army of North Carolina citizens was immunized against a disease that is known as the king of filth diseases.

**Florida State Board of Health Train.**—The health train of the State board of health which is making a tour of the State reached Gainesville, March 25. The train is composed of three cars, the first of which is the living car for the accommodation of the representatives of the board; the second contains sleeping quarters for the special train crew, but the greater part of the car is devoted to the installation of models showing sewage disposal, the contamination of driven or open wells, a model dairy, the proper feeding and clothing of babies, open-air treatment of tuberculosis and the like, while the third car is devoted chiefly to display notices which carry in

graphically worded sentences warnings and advice on sanitary subjects and disease prevention, together with the display from the Florida Dental Society.

**Infant Mortality.**—The last issue of the Bulletin of the Chicago School of Sanitary Instruction for 1915, gives tabulated figures of the mortality of infants under 2 years of age, according to causes, for the year 1914. Under 1 year the chief causes of deaths in the order of their importance as shown by these figures were diarrheal diseases, congenital defects and accidents, impure air diseases, acute contagious diseases, venereal diseases, tuberculosis, diseases of the nervous system, rickets, erysipelas, violence, diseases of the urinary system and diseases of the heart and blood vessels. In the second year impure air was found to assume first place as a cause of death, with diarrheal diseases second, followed by acute contagious diseases. Congenital defects dropped from second place to ninth place in the second year. There were 6,888 deaths in the first year of life, which constitute 20.2 per cent. of the deaths at all ages. The second year deaths were 1,432, or 4.2 per cent. of the deaths at all ages. The causes of deaths from diarrheal diseases in the first and second years of life occurred in the closely crowded wards, where people live under insanitary conditions, and the figures seem to bear out the estimate that 70 per cent. of infantile deaths during the first two years of life are preventable.

**Hygiene and Society.**—Every citizen should be inspired with love of personal and public hygiene, as were the Greeks. Every physician should be deeply grounded in physiologic medicine and provided with proper facilities for using it practically. Every public health officer should know thoroughly the contributions of etiologic medicine. All efforts should be made to promote these fundamental needs of society. —Bardeen.

**The Social Background of School Hygiene Work.**—What is the value of and the motive force for all the health work, in school and out of it, that is now being undertaken? One can readily see that it has far reaching social, economic and moral phases. Evidently it is an attempt to make sanitation universal, to eliminate preventable disease, to perfect the social and individual health status. It means increased human efficiency, greater earning capacity, a normal social life and a better physical foundation for sound social and spiritual growth. It indicates that society is attempting to meet its social responsibility by protecting the whole of human kind from the menace of its defective members. It recognizes that one of the keenest socio-sanitary indices of a community's life is the care which it takes of its future citizens. —Dr. D. B. Armstrong in Amer. Jour. Public Health.

**Sanitation of Public School Buildings.**—Forty of the States of the Union have taken legal action toward safeguarding the sanitation of public school buildings. In thirty-eight States there are legal requirements regarding the school site; in nineteen States it is prohibited to have the school building within a specified



distance of houses where liquor is sold, or other disreputable resorts or factories; thirty States look to the question of water supply for the schools, and in thirty-six States protection against fire and panic has been provided in some form.

#### Bridgeton Medical School Inspector.

Dr. John C. Loper, medical inspector of schools, reported last month that he examined during the year 2,775 pupils and had found 335 defectives or 19½ per cent. and 6 per cent. less than the previous year. During the past five years there had been a total reduction of 14 per cent.

#### Legal and Social Uses of Birth Registration.

The registration of a child's birth forms a legal record that is frequently useful and may be of the greatest importance. It establishes the date of birth and the child's parentage. It may be required to establish the child's age for attendance at public schools, or for permission to work in States where restrictions are placed on child labor; to show in courts of law whether a girl has reached the age of consent, or whether individuals have attained the age when they may marry without the parent's permission; to establish age in connection with the granting of pensions, military and jury duty, and voting. It may be important in connection with the bequeathing and inheritance of property or to furnish acceptable evidence of genealogy, and, in fact may be important and useful in possible events too numerous to mention.

**An Age of Pestilence.**—Dr. J. W. Fries, in *Southern Med. Jour.*, says: It is estimated that during the dark ages the average of human life was less than twenty years. The birth rate was high, but notwithstanding this, Europe was sparsely inhabited. Urban life, as we now know it, was quite impossible in this age of pestilence, and would soon become so again were the functions of preventive medicine relaxed.

**Trachoma, a Menace to America.**—The National Committee for the Prevention of Blindness has set forth in Publication 6 the history of investigations of trachoma in the United States and the facts and figures showing its prevalence, its effects on vision and the methods of control and eradication. It is said that sufficient publicity has been given to the term "trachoma" in the past twenty-five years to make it familiar, yet it is doubtful whether there is yet any general realization of its menace to the eyesight even in those communities in which it has secured a strong foothold. Among these communities eastern Kentucky has been for a number of years a focus for continuing and no doubt spreading the disease to other parts of the country, so that now, according to the investigations of the representatives of the Public Health Service and the State Board of Health of Kentucky, there are 33,000 cases of the disease in Kentucky alone. Foci of the disease exist also in other parts of the United States, some among the large industrial communities, but chiefly among the Indians on the various government reservations.

We did not receive the report of the State Department of Health for month of February in time for insertion this month.—Editor.

### Food for Thought.

The neglect of little moments is responsible for many of life's greatest failures.

Dost thou love life? Then do not squander time, for that is the stuff life is made of.—Franklin.

Whether a life is noble or ignoble depends, not on the calling which is adopted, but on the spirit in which it is followed.—Sir John Lubbock.

I think that there is success in every honest endeavor, and that there is some victory gained in every gallant struggle that is made.—Dickens.

The greatest obstacle to being heroic is the doubt whether one may not be going to prove oneself a fool. The truest heroism is to resist the doubt, and the profoundest wisdom is to know when it ought to be resisted and when obeyed.—Hawthorne.

Even brains hampered by weakness, cannot master circumstances. Force of character is a divine requirement. Flabby, forceless, fearful anxiety to please everybody is never found in a successful personality. It is better to serve men than to please them; and only the strong can serve.

Work is a guardian angel. Work turns the wilderness into a garden. Work does sometimes what even love cannot do; roots a man firmly in his place in the world.—Robert Hichens.

The winding foot-path among the hills often helps you on your way as much as the high road; the day off among the islands of repose gives you a steadier hand and a braver heart to make your voyage along the stream of duty.—Henry Van Dyke.

An easy life is by no means the unmixed blessing that those of us who have to work very hard might possibly imagine. Over and over again you may have noticed how continued prosperity often induces both selfishness and slackness.

The nobility of people lies not in its capacity for war, but in its capacity for peace. It is indeed only because the nations are incapable of the one that plunge so readily into the other.

If life is lived with intensity its breadth and depth are a juster way of measuring it than its length. The glory, the worth of life is not to the spender, it is to the producer.

Enthusiasm is the thing which makes the world go round. Without its driving power nothing worth doing has ever been done. Love, friendship, religion, altruism, devotion to career or hobby—all these and most of the other good things are forms of enthusiasm.—Grace Goodhouse in *Camden Courier*.

## Facetious Items.

### Football Preparations.

"Note the doctor's smiling visage,  
See the nurse's happy smile,  
As they hustle and they bustle,  
Humming gaily all the while.  
Bandages are placed quite handy,  
Anesthetics are nearby,  
Splints and instruments are ready,  
Arnica is also nigh.  
Why you ask, these preparations?  
Why this joy amidst such gloom?  
Simple answer—football's coming,  
And their business soon will boom."  
—Exchange.

Mother—Ella, what has happened to your doll?

Ella—The doctor says it's nervous breakdown, and he has prescribed mucilage.—Judge

Young Man—So Miss Ethel is your eldest sister. Who comes after her? Small Brother—Nobody ain't come yet, but pa says the first fellow that comes can have her.—Stray Stories.

"A cubic inch of air can contain a million microbes," announced the doctor. "And yet some people complain of feeling lonely," remarked the patient who was suffering from brain fog.—Judge.

She—I understand that young De Pinch has been operated on for appendicitis.

He—Yes; it's the first time anyone was known to get anything out of him. But you see they had to give him chloroform to get that.

"Did that alienist prove that you were crazy?"

"No," replied the defendant; "but he admitted that he was nearly so before the lawyer got through with him."

**Talented.**—Hepsy—"That boy of ours seems mighty fond of tendin' to other folk's business."

Hiram—"Guess we'll have to make a lawyer of him. Then he'll git paid for doin' of it."  
—Boston Transcript.

"Did you know dot I wuz a self-made man?"

"Begorry, you'd had ought to be ashamed of the job."—Exchange.

"I asked my husband for some pin money this morning."

"What did he say?"

"He asked me how much pins were a paper."

When a woman canvasser asked an old farmer to sign a petition in favor of a woman's movement, he eyed the document for a while with suspicion. "No, I'm agin' it, sure," was the reply, with the emphasis of a man who had had some domestic infelicity. "A woman who's allus a-movin' is allus a-gettin' in trouble. If you got anything to keep her quiet I'll sign it."

**ASSISTANT PHYSICIANS WANTED**—A competitive written examination will be held at the New Jersey State Hospital at Morris Plains, on Saturday, May 20, 1916, at 10.30 A. M., for the positions of three male junior assistant physicians (men); salary, one \$1,300; two, \$1,000 per year, with board, room and washing. Candidates to be eligible must be graduates in medicine, unmarried, and present diplomas on day of examination. Experience, proof of good moral character and high grade endorsements will be given full weight and consideration. Send references and photograph without delay. Subjects for brief examination: Anatomy, physiology, materia-medica and therapeutics, obstetrics and gynecology, practice, surgery and mental and nervous diseases. Send application to DR. BRITTON D EVANS, Medical Director, the New Jersey State Hospital, Greystone Park, Morris County, New Jersey.

## BULLETIN No. 5

### How can this Journal be of greater service to you?

*Dear Doctor:*

Our Service Bureau is proving to be a help to our readers. This Bureau is equipped with catalogues and price lists of manufacturers and has at its finger ends general information so it can tell you where you can get guinea pigs or automobiles, special brands of foods, the location of hospitals, and sanitariums for special treatment; or where particular makes of instruments can be obtained, etc., etc.

### Here are some of the inquiries the Bureau has answered

Feb. 11, 1916, Phoenix, Ariz.: Tell me where I can get an Electrocardiograph.

Feb. 24, 1916, Joiner, Ark.: Who publishes Ramon Guiteras' book on "G. U."?

Jan. 14, 1916, Rockport, Maine: Advise me about an institution for cure of the drug habit.

Feb. 8, 1916, Bowie, Texas: I want a firm that publishes a book for plans for sanitarium.

Jan. 31, 1916, Punxsutawney, Pa.: Where can I secure an electric lighting apparatus, such as is used by ear, eye and nose specialists?

Jan. 26, 1916, Huntington, Ind.: Advise me where I can get an electric instrument sterilizer, and its cost.

Jan. 26, 1916, Mineral Wells, Texas: Give me name and address of firm handling second hand Simusoidal electric machine.

March 3, 1916, Safety Harbor, Fla.: Please advise of reliable physician's supply house where I can obtain micro, stains and other accessories.

March 27, 1916, Watrous, N. M.: Where can I get history card with diagram of thorax—suitable for use in tuberculosis sanitarium?

March 13, 1916, Atwood, Okla.: Kindly write me the names of some reliable dental schools.

March 10, 1916, Spencer, N. Y.: Give me the name and address of some company that manufactures candy medication.

March 16, 1916, Minneapolis, Minn.: Is there a card index system for keeping history of cases and of financial accounts?

March 18, 1916, Salt Lake City, Utah: Kindly advise the best sanitarium for the treatment of diabetes. One that is ethical and strictly scientific.

The Free Bureau Service is one of the benefits of membership in our State Society.

If you do not find advertised in these pages the things you need, write the Bureau.

**GET THE INQUIRY HABIT**



# Journal of The Medical Society of New Jersey

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OF THE

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OF THE

Medical Society of  
New Jersey

HOTEL NEW MONTEREY

ASBURY PARK

JUNE 20-22

Plan to attend all the three days' sessions; make it a part of your summer vacation, and don't forget to bring the wives, daughters and other lady friends; Asbury Park has provided royally for their entertainment.

Engage your rooms at the Hotel as soon as possible, addressing the New Monterey Hotel.

## THE ABDERHALDEN REACTION IN MENTAL DISEASES.\*

BY HENRY A. COTTON, M. D.; E. P. COR-  
SON WHITE, M. D.; W. W.  
STEVENSON, M. D.

Trenton, N. J.

Since Fauser in 1912, with the assistance of Abderhalden, began to apply the principle of the Abderhalden reaction to psychiatry very little has been accomplished. Simon has shown that uniform results can be obtained in various psychoses, and Ludlum and White have also reported results with certain psychoses. But in the work of Fauser, only sex and thyroid glands were used as substrates.

In this preliminary report of the work at the New Jersey State Hospital we will merely present the results of the Abderhalden tests in 289 cases, including the various psychoses and some normal individuals. It is not our purpose to discuss the nature of the reaction or to take up the various theories that are represented by the various investigators. The original method of Abderhalden was used in all cases and in 31 cases the reaction was confirmed by the ice incubation method of Bronfeubremmer.

It is important to remark that in the hands of one who has had considerable experience the reaction not only is of value as shown by the uniform reaction obtained in the same case on repeated examinations, but also that certain definite types of psychoses apparently give uniform findings in a number of cases.

We have used as substrates the following glands: Pituitary, thymus, thyroid, pancreas, adrenal, sex (ovary and testicle),

\*Read at the meeting of the American Neurological Association at Washington, D. C., May, 1916.

but have not employed brain tissue as did Fauser. The blood of the patients to be tested was always taken before breakfast, to avoid any dietary influences, and the tests made within three hours.

#### CASES.

Dementia Praecox, 55; 46 positive to sex, 9 negative, 3 sex and thyroid.

Paranoid Cond., 4; 4 negative to sex.

Epilepsy, 69; all positive to adrenal.

Manic, M. D. I., 23; 1 pancreas, 1 thyroid and sex, 17 negative.

Dep., M. D. I., 18; 2 pancreas, 3 adrenal, 13 negative.

Psycho-Neurotic, 13; 2 thyroid, 1 thyroid and sex, 9 negative.

Const. Defect, 13; 1 thyroid, 3 mixed, 9 negative.

Art. Scler. B. D., 7; 7 negative.

Syph. (G. P.), 10; 10 negative.

Unclassified, 13; 2 thymus, 2 thyroid and sex, 13 negative.

Normal, 13; 13 negative.

#### GROUPS.

The most important findings from this investigation are in the groups of dementia praecox and epilepsy.

In dementia praecox the number of positive cases to sex gland was 46 out of 55 tested or 81%, and in 9 cases the reaction was negative. But these negative cases were all, with few exceptions, diagnosed as doubtful. Quite a few of them were foreigners, in whom the diagnosis was very uncertain. In the allied cases such as paranoid condition the reaction to sex gland was negative, and to all other glands. In three dementia praecox cases, positive to both thyroid and sex, two of them were distinctly catatonic and one was a phantastic somatic paranoid type. So that the 46 cases showed a rather uniform reaction to sex gland alone. Of this number 17 were male, 29 female.

In connection with the Abderhalden reaction blood counts were made in all cases, but in dementia praecox wide deviations from the normal were noticed. Thus the lymphocytes were present usually in a larger percentage than the polymorpho-leucocytes, in some cases, lymphocytes were 68% and polys only 28%. There was also a very marked increase in the eosinophites, in some cases reaching as high as 6%. The total leucocyte count was also very low, one case 2100 per c.c.m., and averaging about 4500.

In the other psychoses the blood count was approximately normal. Coupled with this we find usually a slightly increased

pulse rate and usually a low blood pressure and temperature somewhat subnormal.

In discussing the relation of the Abderhalden tests in dementia praecox; i. e., positive to sex gland, several hypotheses may be advanced.

(1) A primary dysfunction of the sex gland, which is an agreement with Fauser's theory.

(2) A toxemia, which might arise in several ways: (a) from alimentary tract, insufficiency of liver and pancreas; (b) stasis of alimentary tract; (c) infection of alimentary tract.

(3) A low grade infection, absorption of toxins. This is supported by the physical signs, low blood pressure, increased pulse rate, cyanosis, differential blood count showing increased red cells and marked decrease in white cells, low poly count and high lymphocytes and high eosinophites, 6%.

Further work is necessary before a definite relation can be established.

#### EPILEPSY.

Another important finding in the Abderhalden reaction is to be found in epilepsy. We have made a preliminary report of this finding to be published in the near future. In 69 cases examined all except one were positive to the adrenal gland.

We know that this reaction may be caused by several things:

(1) Removal of pituitary gland causes changes in the sex gland and later changes in the adrenals.

(2) Experimental removal of the external function of the pancreas also produces an adrenal gland reaction.

(3) Irritation of duodenum in two dogs produced a slight reaction to adrenal.

(4) Fright, as shown by Cannon, causes an excessive secretion of the adrenal gland, and probably a dysfunction.

The recent work of Reed and others would show that epilepsy is definitely associated with intestinal stasis and absorption of toxins from the intestinal tract. It is probable that the dysfunction or hypersecretion of the adrenal gland would not itself cause convulsions, at least such has not been proven, but Cannon has proved conclusively that one of the principal physiological actions of the adrenal is to inhibit smooth muscle fibres such as are found in the intestines. Other physiological reactions in increasing the coagulation time of the blood which has also been found by Turner and others. Blood pressure is also raised, and the blood driven to the heart,



lungs and brain. This physiological action of the adrenal corresponds to the condition found in epilepsy. Also in our Abderhalden work in epilepsy we have treated cases with pancreatin with considerable success.

#### CONCLUSIONS.

From this brief outline we can conclude that the Abderhalden reaction gives certain definite and uniform results.

(2) That these results are practically negative except in dementia praecox and epilepsy.

(3) That in dementia praecox 81% of the cases show a positive reaction to sex gland and in three cases out of 55 give a positive reaction to the thyroid and sex, two of these were the catatonic type. Differential count of the blood shows rather characteristic conditions in dementia praecox; i. e., high red blood cells, very low white cells, and high lymphocyte count and low polymorpho-nuclear.

(4) That in epilepsy practically all case, 69, gave a positive reaction to adrenal gland.

(5) That the value of these reactions is to lay the foundation for therapy, based upon the facts deduced. In epilepsy the feeding of pancreatin gland has produced some remarkable results.

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### ANTHRAX.\*

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BY ALEXANDER SCANLIN ROSS, M. D.

Camden, N. J.

Chief Surgeon of the Out Patient Department of Cooper Hospital, Camden.

In discussing this disease I hope you will not think me verbose when I tell you the term Anthrax is derived from a Greek word meaning coal, and that these ancients applied this term to the disease because the blood in the bodies dead of this infection turned black, so you can see that this term is meaningless in its application.

When I was asked to speak to you on this subject I felt it would be a task to gather anything very interesting upon this malady which I thought was rarely seen, but after I investigated I found its importance commercially and hence economically, can only be appreciated when it is known that around the vicinity of Novogorod, Russia, alone, in a period of four years 56,000 cattle and 528 men died of this disease—that it is a disease found in

almost any part of the world, but most rampant in Russia, Asia Minor, China, Argentina, Italy, also in the United States, Switzerland and Germany are exempt to a degree, due to advanced sanitation.

That it is increasing rapidly in the United States cannot be denied, due to the vast importations of raw skins from these infected areas. It is an infectious disease caused by the *Bacillus Anthracis*, a rod-shaped, large spore-bearing organism. Its means of transmission are various; it may be transmitted as an occupational disease through the medium of carcasses, hides, wool, hair or any animal bi-product. The spores are almost indestructible, and resist antiseptics and heat to an unbelievable degree; the United States Government report shows one case of a groom developing a malignant pustule on the back of his hand from being chafed by the leather band attached to a curry comb which had gone through all the many processes of tanning.

The persistence of the life of the spore within the earth is of great importance due to the fact that this causes the outbreak after each rainy season because during the dry spell the earth loses its moisture and the earth-worm burrows deeper in search for water and returns to the surface during the wet season and deposits on the grass the spore which again infects the grazing cattle.

I cannot believe these sensational paper reports of inoculation through the medium of finished products, such as gloves, furs, shoes, etc. From my own investigations which cover years of records, I have failed to find a single case which occurred as a result of contact with a skin after passing through the second soaking.

At this time it is apropos for me to cite a case which was treated in Cooper Hospital, where after the patient was removed from the contagious building an interesting experiment was carried out, which consisted in suspending gelatinized threads in the infected room for twelve hours after each formaldehyde fumigation of twenty-four hours and twelve of airing. The threads gave cultures of anthrax each time until the fifth fumigation. This continuous experiment consumed nine and one-half days, showing the great vitality of the spore.

Animals become infected by inoculation, i. e., by direct contact, or indirectly by wounding their lips and gums on the short grass and stubble which contains the spore, or through infected food or water causing

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\*Read before the Cooper Hospital Clinical Society, March 19, 1916.

internal anthrax, or by inhaling the dried infected sputa, causing pulmonary anthrax. The fields thus become infected, hence the bodies of infected animals should be destroyed by incineration, fields should be quarantined, and all animals in the vicinity should be immunized by protective vaccines. This immunity lasts about one year.

I hesitate in arraying before you the number of men who have tried to work out the problem of immunity, but I cannot pass by Tuissant, Pasteur and Scavo, three men through whose untiring efforts has come the curative serum for humans and the protective inoculation for animals, for it was Tuissant who discovered that by heating infected sheep's blood to 5.5 c. for ten minutes and injecting this into other animals he caused a temporary immunity. Pasteur improved the crude methods of Tuissant, and produced an attenuated culture by growing virulent anthrax cultures under high temperature. It then remained for Scavo to add another important link when he found that serum of immunized animals gave temporary immunity to other animals, which was the discovery upon which he built his anti-anthrax serum which is used upon humans, which I will have the pleasure of showing you to-night.

In considering the symptomatology we find that the patient usually has the history of an abrasion or wound upon which appears a small purple-like enlargement without pain or pus, which in from six to twelve hours develops a small bleb which is of a color varying from a light straw to a dark grape; this soon flattens and becomes depressed in the center and leathery, being surrounded by a circumference of small pearly blebs. In from four to twelve hours the adjoining structures become swollen and oedematous without pain and the patient, characteristic of this disease, is non-apprehensive. After a short time the temperature rises to 103 or 104, the pulse increases to 130 or 140 or more, and the victim is seized with pains in arms, legs and back, chills are prominent, delirium ensues, and we have a picture of a man battling for his life against odds so great that in another few hours profound stupor supervenes and he is carried away, usually with a convulsion, epileptic in character, or the scene closes with coma.

The suddenness of the symptoms, the painlessness of the swelling, the absence of pus in the pustule or eschar and the peculiar vesicular circumference of the dark depressed papule are all diagnostic of this

fatal malady, and should lead one to make smears at once for corroboration.

I am speaking now of external anthrax to which my experience has been limited, as death from internal anthrax is preceded by the same general symptoms without an external pustule, plus pulmonary or intestinal symptoms according to the region attacked; the period of life is much shorter and, as a rule, is not diagnosed except we have a clear history of anthrax invasion due to occupations which would necessarily show exposure.

Writers claim that eighty per cent. occur on the hands and arms; out of nine cases which I have seen, eight have occurred on the face or neck.

The prognosis is more grave as the infection occurs nearer the face or head, thus anthrax of the arm does not give the high mortality as of the face. I saw one case involving the wrist, in which the patient had the characteristic swelling, but the systemic symptoms were not severe, and the most severe case I have ever seen was one which involved the lower eyelid and cheek. The mortality of external anthrax under the non-serum treatment is about forty per cent. and with serum treatment about six per cent. Of course, internal anthrax has given a mortality of one hundred per cent., yet we look forward to better results from the use of serum.

In passing from the prognosis, I approach the most important part of my subject when I consider the treatment, which should be divided into preventive and curative. In the prevention of the disease we have the solution of it, for if we could pick out the various batches of skins or hair which were infected and destroy them we could eliminate it as an occupational disease. There have been attempts made at antisepticising the skins and wool, but they have failed commercially, due to the great loss. In the past two years I have been practising a prophylactic method. It consists of cauterizing with carbolic acid all wounds found on employees and then applying alcohol dressings. This rule is absolute, on pain of discharge, and any employee found with a wound unattended is given the choice of treatment or immediate discharge. By this method we have, I think, conquered the disease to a degree, but when you consider that about nine million skins are handled in the raw state in this city alone there is always danger of an outbreak. I have come to the conclusion that if I am given the case in the first



twelve hours, I can save the patient, hence any carbuncle, boil or abscess is immediately reported to my dispensary assistant in each of the establishments by the foreman and smears are made at once, temperature is taken and the patient is observed closely and is removed from work at once.

During the handling of raw skins I have the men submerge their hands and arms in bichloride solution — 1-1000 — frequently during the day, and we contemplate having a separate dining apartment for the workers so they will not contaminate the food.

I believe the day is near at hand when vaccination will give the human an immunity for a year or two; this has been accomplished in the veterinary field.

In the curative treatment we must consider that in the pustule we have a center that is throwing out large quantities of bacteria, spores and possibly—but disputed—anthracin, the supposed toxin, and remember that the disease is a rapid one. The period of inoculation is from one day to three, and twelve to twenty-four hours is the average time for the patient to become dangerously poisoned, consequently an immediate sterilization of the site of infection is imperative; there are three methods surgically which I will consider in their respective importance:

First—Complete excision and cauterization with carbolic acid—this is the best method to be used—one which I have carried out in a number of cases that I have treated. This sometimes is not feasible, due to the pustule being situated in a part of the face which would produce irreparable scarring, yet I did it on the base of the lower eyelid and cheek, feeling that a life-long scar far outweighs the risk of a life for cosmetic reasons. This case lived, but has developed an ectropion which Dr. Cramer saw, and thought it could be remedied by subsequent operation. I make a sweeping incision which is deep, cauterize with carbolic, leave the wound open and dress in alcohol. The objection to this excision is the claim made that you open the blood paths and break down the line of defence, which I believe to be only theoretically correct, but without foundation in practice.

Another method which deserves second place is a crucial incision deeply made and the use of pure carbolic acid as a cautery.

The next method which is an old one, consists in the injection of pure carbolic acid around and into the pustule.

I have seen the crucial incision and the carbolic acid injection methods but in both

cases the victory was not so decisive and quick as in the excision method, yet both cases recovered. Other methods have been used but have mostly failed; one of which is most interesting, in which it was discovered that the anthrax bacillus grows very poorly in the presence of the bacillus pyocyaneus, hence they injected these bacilli into the wound hoping to retard the growth. This has been a failure practically. At this point I wish to say that a precaution mentioned at this time may be opportune and if followed will probably save the surgeon's life in some future case to which he may be called; always remember that you are handling the quickest and most deadly of all the infections, and that to enter upon the treatment of a case of anthrax with an abrasion or open wound on the face, neck, or in fact, any exposed part would bring to you what it has brought to many physicians throughout the world—death; hence always wear gloves that are perfect, be gowned, and do your work quickly; all instruments should undergo fractional sterilization under steam and dressings should be burned.

After the discussion of the surgical treatment, we come to consider the serum treatment which is really the only safe method to pursue, as it has brought the mortality down to six per cent. There are two sera which I have used, one is the genuine Sclavo's serum made from ass's blood; this serum comes in glass ampulae, 10 c.c. each and has to be given by means of an antitoxin syringe which makes it inconvenient; it is also difficult to purchase. The other serum is a horse serum put up by H. K. Mulford & Co., which comes in convenient form, 10 c.c. in each barrel—two barrels to a dose. I have used both sera and have had equal results.

If I had the choice of treatment, I would choose the anti-anthrax serum without any excision, rather than excision without serum, but when these two methods are combined, if the case is diagnosed early, I believe the death rate would be small. You must bear in mind the fact that these cases as a rule are overlooked, even in hospitals, and often the case has advanced many hours before a diagnosis is made.

I remember a case which applied to another hospital for treatment and the surgeon in charge treated it for an "infected face," but the patient was providentially guided into the Cooper Hospital dispensary where the chief of clinic diagnosed it immediately, and referred it to the chief on

duty who saved the man's life. I remember another case which had been seen by two physicians who thought it a carbuncle, but the patient's condition became so alarming that another physician was called who arranged to meet me at the patient's house, but when we arrived death had already ensued. This case covered only twenty-four hours from the time the patient was aware of the condition.

In the consideration of the serum treatment Sclav's method should be taken seriously as it is based on his own experience in Italy where it was conceived and first practised; he advises 40 c.c., i. e., 10 c.c. given in various regions of the body. and if the condition shows no improvement in twenty-four hours he repeats it. In very severe cases he injects it into a vein on the dorsum of the hand (why this region is advised I do not understand unless it is an Italian method of intravenous injections). I have used the serum in 29 c.c. doses every four hours and have controlled the cases very nicely. From five cases I have found, I gave respectively 210, 200, 140, 120, 60 c.c. and have come to the conclusion that the best results are attained by giving 20 or 30 c.c. every three or four hours for forty-eight hours, and then giving about two doses the third day and no more. for if the patient has not reacted by the third day any treatment is useless. It is well to remember that this serum can be given in any amounts as it is harmless and every case is a law unto itself.

In closing my remarks I wish to say that in spite of the seriousness of this disease and its highly infectious nature, the local Board of Health is absolutely indifferent to its true position as a contagious disease as they do not quarantine in any way, and even in one case little children kissed the victim each night with utter disregard of the ground upon which they stood; dishes were interchanged against my orders, and I believe in one case a public funeral was held. You can readily see the seriousness of this carelessness on the part of public officials and I hope to see the disease controlled with the same precautions as are observed in less fatal infectious diseases; yet a better outlook confronts the victims of this disease, as no doubt the new Municipal Hospital of Camden will have suitable accommodations for such cases.

The man who puffs up like a balloon over some little advancement he may make, or the accumulation of a little money, is always a fellow of small caliber.

## REMINISCENCES OF SOME OF THE OLDER PHYSICIANS.

BY DAVID ST. JOHN, M. D.,  
Hackensack, N. J.

The year 1688 is the first we learn of any doctor in what is now Bergen County, and it was not in connection with his profession.

In 1688 the court for the trial of small causes was to be held monthly at the house of Lawrence Andriss, of New Hackensack, and "at the house of Dr. Johannes, on the Hackensack River, then in the County of Essex, for the inhabitants of New Barbadoes and Acquackanick." All that is known about Dr. Johannes is that he lived in what is now Hackensack, in the then County of Essex, Bergen County, extending only as far west as the Hackensack River.

Dr. Van Emburg must have practised in or about Hackensack before 1709, as a deed is filed that year to his widow. From 1749 until 1783 Dr. Engelbart Kenamana was in practice in Bergen County.

The next one of whom any account is found was Dr. Abraham Van Buskirk, who lived at Paramus and was surgeon in the first militia of Bergen County, February 17, 1776. In July, of that year, the Provincial Congress ordered that the treasurer pay to Dr. Van Buskirk and two others the sum of 335 pounds, 10 shillings, being the amount of 79 stands of arms at 4 pounds, 10 shillings apiece. But before the year was out he had gone over to the British, bag and baggage, family and all. He was the leader of many Tory raids in Bergen County, one raid through Closter in 1779.

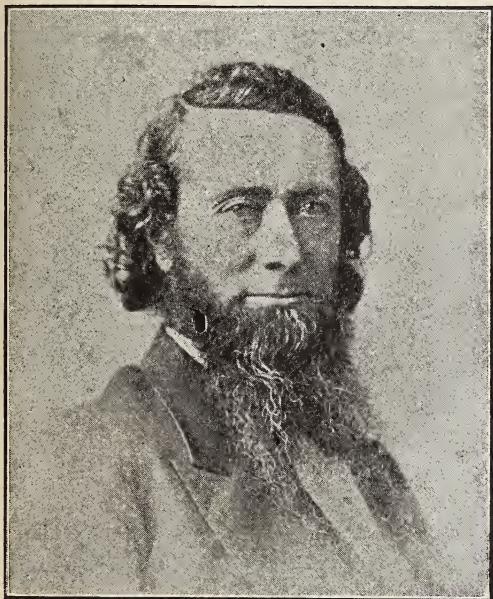
During the period from 1779 to 1812, Drs. J. Van Wagen, Beekman, Van Bueran, John Van Bueran and J. Lewis, were in active practice in the county.

Dr. James Van Buren, who located in or about Hackensack at the beginning of the war, was another Tory who had his property confiscated. He married Blandina Ryerson and went to Nova Scotia; but evidently his wife didn't like the new country, so in 1791 they came back to New Jersey and bought a tract of land where is now the Erie station at Clifton. He died in 1802, leaving a widow and a number of children. The same year his widow married Lawrence Ep Ackerman, the marriage being recorded in the Dutch church in Hackensack.

Dr. John Campbell was a practicing physician in Hackensack subsequent to the



Revolution. He was a son of Archibald Campbell, who is noticed by the historian as furnishing the table of General Washington when he had his headquarters at the house of Peter Zabriskie in November, 1776. Dr. Campbell was born February 13, 1770, spent his life in Hackensack in the practice of his profession, and was esteemed a good physician and exemplary citizen. He died December 15, 1814, aged forty-four.



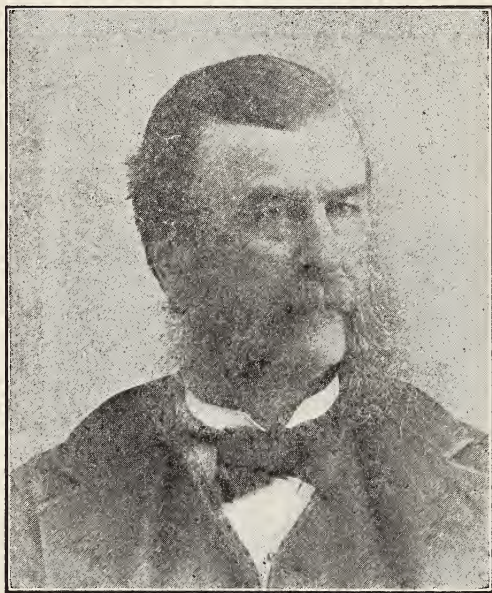
HENRY A. HOPPER, M. D.

Josiah Hornblower was a practitioner of medicine in Bergen County, and a brother of Chief Justice Joseph C. Hornblower, of the Supreme Court of New Jersey. Dr. Hornblower was born at Belleville, May 23, 1767. He studied medicine with Dr. Steele at Belleville and commenced practice in the town of Berfen, 1789. His field of practice extended over what is now Hudson County, the old township of Hackensack, Fort Lee and frequently crossing the Kill von Kull, to the northerly end of Staten Island. From 1789 to 1807 he was one of the two or three physicians resident in that district, Dr. John Campbell, of Hackensack, being one of the others. In the War of 1812, Dr. Hornblower was appointed surgeon and was assigned to duty at the old arsenal on the heights. He continued in active practice till 1844, and died May 7th, 1848, aged eighty-one years.

Benjamin Blacklidge settled as doctor in Closter in the latter part of the eighteenth century and followed teaching also. He was the first English school teacher in Ber-

gen County. Many of his descendants are still living in Closter.

Dr. Thomas Dunn English lived at Fort Lee for a number of years and in the seventies he was a somewhat prominent figure in local politics. He was a gifted speaker, with considerable skill as an orator, and possessed a rare vocabulary, illuminated by flashes of wit and a play of sarcasm as keen as a scimitar's blade; later



A. S. BURDETT, M. D.

he moved to Newark, where his talents were recognized by election to the fifty-second and Fifty-third Congresses. The reputation of Dr. English rests more particularly upon his great literary skill, his association with men of the type of Edgar Allen Poe and litterateurs of his period.

Cornelius S. Blauvelt was a physician in Hackensack in 1819.

Here is a specimen of medical directions given by Dr. John Darbe, of Elizabethtown, N. J., November 5th, 1786:

"Once in a few days let blood be taken from the arm; in case the pain continues in the head, this must be done as his strength will allow.

"The blister on the head must be continued, and the Seton till all the symptoms are removed. The Seton especially should be continued many months."

Here is another specimen of medical direction written about 1810 by Dr. Wm. Ellison, of Paterson, and who, no doubt, practised in Bergen County:

"Please take a small wineglassful of the



medicine that is in the bottle three or four times a day in a little gin, about equal parts of the gin and medicine."

"To Captain John Anderson."—Wm. Ellison.

Here is a copy of one of his medical bills in 1811:

Gerbrant Van Houten, Esq.  
To Wm. Ellison, Dr.

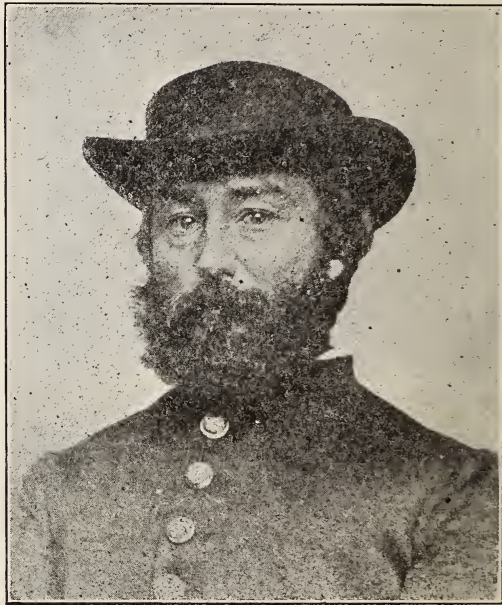
March 5—Visit to see your Heyman,	
salts .....	2.0
March 6—Visit and castor oil in	
phial .....	3.6
March 7—Visit and drops .....	2.6
March 9—Visit and emetic .....	2.0
Two pills .....	1.
—	
Pound ....	0.11.0

at this time included part of Passaic and all of Hudson Counties, Passaic being made a county by act of the legislature February 7, 1837, and Hudson in 1840. The following doctors were authorized to form such a society: David Mervin, Elijah Rosegrant, Henry Kipp, Cornelius I. Blauvelt, James L. Baldwin, Garret Harlenbeck, William W. Colfax, Isaac V. Froelicht, Garret Banta.

This local organization must have lapsed, for at the seventieth annual meeting of the State Society, held at New Brunswick, May 10, 1836, application was again made for a commission to institute a district medical society for Bergen. The commission was addressed to the following doctors: John M. Cornelisen, C. B. Zabriskie, John F.



J. WARD HOPPER, M. D.



GILLIAM C. TERHUNE, M. D.

New Jersey was the first of the colonies to have a colonial medical society, which was organized July 23, 1766. The original book of minutes is still in the possession of the Medical Society of New Jersey, in good preservation. Sixteen physicians responded to the call, and on the day appointed the Medical Society of New Jersey was organized. The constitution that day adopted was signed by fourteen physicians, only one of whom, Joseph Sackett, Jr., was from Bergen County. At a semi-annual meeting of the Medical Society at the City of New Brunswick, November 10, 1818, application was made for the formation of a district society in the County of Bergen. It must be remembered that Bergen County

Ellis, Jr., Peter H. Zabriskie, R. M. Stevenson, J. Bangs Ayerig, R. Smythoff. This society also lapsed, and it was not until February 28, 1854, that the society now in existence was organized with William N. Dayton as president, and Henry A. Hopper, secretary; Charles Hasbrouck, George B. Brown and DuBois Hasbrouck were present.

Among the older physicians might be mentioned Dr. Abram Hopper, who was born at Hohokus, April 26, 1797. He attended the College of Physicians and Surgeons in New York, from which he graduated in 1818. Dr. Hopper soon after settled and commenced the practice of his profession at Hackensack, where he re-



mained until his death, December 14, 1872. He had a particular fondness for surgery, and was the only operating surgeon in the county for many years, and enjoyed a wide reputation as skillful in that branch of his profession. His son, Henry A. Hopper, and grandson, Jno. Ward Hopper, were also physicians and have followed him to the great majority.

William H. Day was born at Fairview, July 16, 1810, where he practiced medicine for many years. In 1867 he moved to Fort Lee, where he died June 23, 1876.

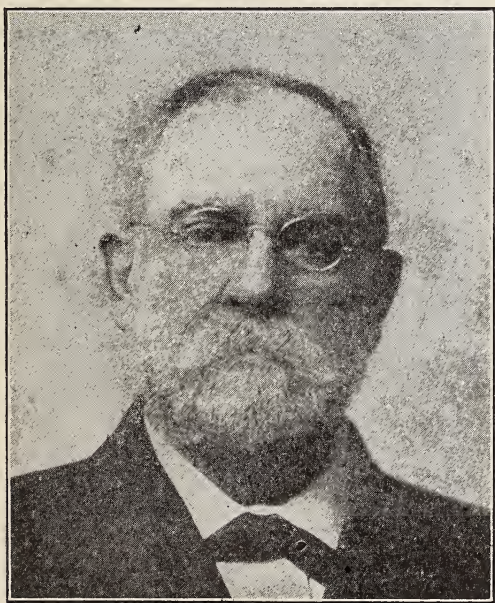
Dr. Bernard O'Brien studied with Moses Hasbrouck, a physician and surgeon of prominence at Nyack, N. Y. He graduated from the New York University; was

Ridge, N. J., 1911, mourned by a large circle of families.

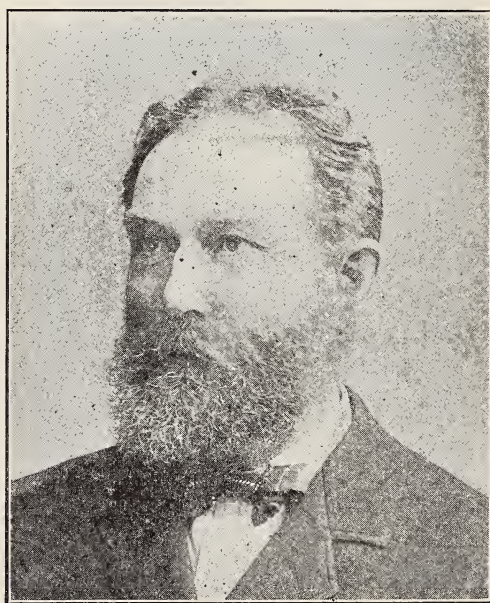
Dr. S. J. Zabriskie, the then oldest physician in Bergen County, died at Westwood in the autumn of 1914, where he had been in practice for many years, at the age of eighty-four.

Col. Daniel A. Currie, of Englewood, of Scotch ancestry, was an able physician and surgeon and was largely instrumental in organizing the Englewood Hospital. The doctor served in the Spanish War with the rank of Colonel and died at his home city February 28, 1911, after two years of invalidism.

Many of these old physicians covered large circuits, often being away from home



HENRY C. NEER, M. D.



DANIEL A. CURRIE, M. D.

associated for a time with Dr. Chas. Hasbrouck, of Schramlenburg; then located at Nyack, and later at Paramus; he died at Saddle River, September, 1901.

Dr. Chas. Hasbrouck, who died at Hackensack, 1877, at the age of fifty-nine, was a strong man in the community, an able physician and an ex-president of the State Medical Society. He took high rank as an obstetrician.

Dr. Gilliam C. Terhune, at the outbreak of the Civil War, was in practice in New Hampshire. He did service as an army surgeon during the war, then locating in Hackensack, where he died in 1878 at the age of fifty-two.

Dr. Henry C. Neer, the ideal family physician, after a long service, died at Park

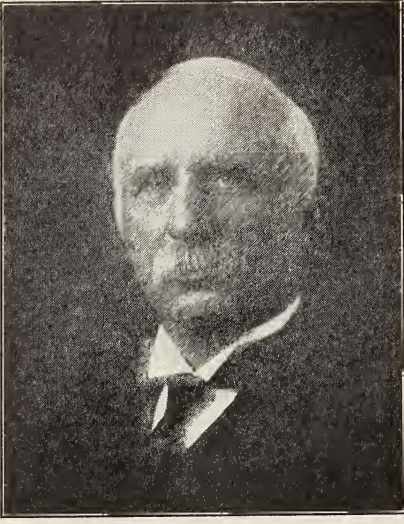
several days at a time. As a body, they rendered efficient service to the public in their day and generation; and while much of their system of medication to-day is obsolete, yet it served as the stepping stone of modern practice, and it would be unjust to decry their methods. We must not take the picture from its frame. Most of their lives were spent in the days of stage coaches, spinning wheels and tallow dips. In no science has there been greater advance than in medicine and surgery.

I am indebted to Dr. Byron G. Van Horne, of Englewood, also to Mrs. W. H. Westevelt, of Hackensack, for valuable information in preparing these remienscences.

Dr. Charles Hasbrouck referred to above, presided at the annual meeting at Paterson



in 1872. His address was on "Popular Ignorance of Medicine; Its Relations to Quackery and Our Responsibilities in Con-



DAVID ST. JOHN, M. D.

nection With It." Dr. David St. John's annual address, as president, at the annual meeting at Cape May in 1909 was on "Some Recent Advances in Medical and Surgical Work." Both were able addresses.—Editor.

#### REMINISCENCES OF ATLANTIC COUNTY PHYSICIANS.

BY PHILIP MARVEL, M. D.

It is expected of all men, that those who live to mature age will make their lives in some way helpful to the community in which they live. The exaction, however, as well as the fact, is peculiarly applicable to physicians more than to those of other professions. The nature of the service rendered; the close association with the ill, the distressed and sorrowing, and the relational attitude of the physician in his efforts to restore and maintain health, combine to develop more intimate acquaintance, and a unity of interests which insures a deeper friendship than that fostered by casual contact with business associates or other vocational engagements. The past century is not without the touch and far-reaching influence of the earlier historians, scientists, poets and philosophers, and the English-speaking race of to-day, with its special students in history, science, art and philosophy, continues an affectionate interest in the writings of Carlyle and Maccauley, Darwin and Huxley, Shakespeare and Milton, Bacon and Newton, etc., but even in the case of these great masters, as

widely as they were known and as interestingly as they were regarded, I question strongly if they were held in the same affectionate regard by their contemporaries, as were the worthy physicians of their day. Sympathetically speaking, mankind is akin the world around, and this kinship or relational sympathy insures the medical practitioner a more intimate and not infrequent, affectionate friendship, than is accorded others outside the family. It is partly this fact, and partly my interest in the early medical history of Atlantic County, that encourages me to attempt a brief reference to the pioneer physicians of said county and of the earlier members of the Atlantic County Medical Society. For knowledge of the pioneers, I must consult history, but for knowledge of the latter, fortunately all for a greater or less time, were contemporary with myself, and my personal acquaintance and close association with them gave me a particular opportunity to collectively classify and estimate them in their respective fields of labor. It should be remembered, however, that it is not my purpose at this time to attempt a history of either these pioneers or the organizing members of the Atlantic County Medical Society. Beginning with the latter part of the 17th Century, Gabriel Thomas, in 1698, writing concerning the early New Jersey Colonies, stated, "Of lawyers and physicians I shall say nothing because this country is very peaceful and healthy," thus insinuating the chief purpose of the former should be to insure freedom from strife and that of the latter to preserve continued health. How well either profession has fulfilled these requirements, history may alone speak. In this connection, however, it is also interesting to note the estimate he placed upon the integrity and usefulness of the constructive professions, which he summarily dismisses with the exclamation "Long may this so continue, and never have occasion for the tongue of the one, or the pen of the other; both equally destructive of men's estates and lives."

Should we consider these latter statements with those presented by tradition, viz.: that the earliest doctors of New Jersey were women—we would find ourselves confronted with an altogether unsatisfactory estimate of the early representatives of our profession in this State, and a strikingly unjust characterization of professional women. We may, therefore, draw a more generous conclusion from the point of his first statement—"the country was healthy."



and honor our early standard-bearers for their ability to maintain health among their people under such adverse conditions, and what was true of them in a measure has been strikingly true of those who have since represented them. The southern portion of New Jersey would seem to have been quite as healthful in the 18th Century as it is claimed to be in the present one. Support of this statement is well exemplified in a letter by Charles Gordon, of New Jersey, to his brother, Dr. John Gordon, of England, in the middle of the 18th Century, who wrote at that time as follows: "If you design to come hither, you may come as a planter or merchant, but as a doctor of medicine I cannot advise you, for I hear of no diseases to cure, but of some agues and some cutted lets and fingers." In spite of the very favorable conditions that protected the early inhabitants of the State, the march of civilization soon brought with it kindred ills which, with the infirmities of age, made necessary a numerical increase of the doctors. In 1765, one year before the organization of the New Jersey State Medical Society (when Atlantic County was yet unknown, Gloucester County—then referred to as "Old Gloucester"—later assented to the division of the coastal portion of her then vast domain, which was given the name of Atlantic County).

Dr. Richard Collins, formerly of Ireland, was well and favorably thought of throughout this section, then known as "the wilds of West Jersey." He early became a land owner in Galloway township, which he afterward named Collin's Mills, where he lived and later, through his son John, laid the foundations of Methodism in Cincinnati and neighboring portions of Ohio. Though a Romanist, when in Ireland, in conformity with the prevailing faith among the settlers of "West Jersey," he adopted the mode of speech and dress of the Friends and subsequently through his son John's instrumentality adopted *his* faith and died a Methodist in 1808. There were born to him three sons in this country spoken of as a Methodist, a Friend, and a Universalist, none of whom adopted their father's profession, but all of whom served their community and country with distinction.

In 1799, Dr. Ezra Baker, formerly of Tuckerton, took up his residence in the village of Absecon, and appears to have combined rather successfully, medicine and politics—a mixture considered quite incompatible in latter years. After following his profession for quite some time, during

which periods he reared two sons, both of whom became physicians, he accepted the position of Collector of the Port of Great Egg Harbor, for four years, ending in 1817, and the following year, with his two sons, he moved west to the "Wabash Country," where he engaged in the culture of the castor bean, an enterprise which in that early day, soon realized for him quite a comfortable competence.

About 1800, Dr. Ephraim Sawyer, a descendant of Miles Standish, moved to Tuckerton, where he followed his profession till he died twenty-nine years thereafter, having previously practised a year or more in Absecon, where he was followed by Doctors Levi Rogers, in 1802, and Thomas W. Peck in 1807, both of whom are affectionately remembered for their conduct and great success in banishing an epidemic of typhoid fever from the "West Jersey" coast. With the passing years, the greater population in this section became more attracted to the coast and most prominent among the villages then were Absecon and Somers' Point. At the latter place, the old Somers' homestead, built in 1730, is still standing and is in a splendid state of preservation. Directly descendant from the early Richard Somers, grandfather of Commander Somers, were Dr. Lewis Somers, who practised in his native town, Somers' Point, from 1832 to 1839, when he moved to Philadelphia and continued practise there until he died in 1869, and later Dr. Job B. Somers, of Linwood, whose professional services were freely given the public in later years, but whose prominence and influence among his patients can scarce be said to have been exceeded by any who may have either preceded or succeeded him in that locality. Dr. Lewis Somers was also much sought and beloved by those to whom he administered, though his greatest success attained in Philadelphia, where his skill and popularity grew rapidly in his latter days. Returning to the year 1819, when Dr. Jonathan Pitney, formerly of Morris County, settled in Absecon, there began a half century in which a quickening in empirical medicine and in the populace and territorial growth was given a decided impetus. Many years antedating Dr. Pitney's residence in this section, Thomas Budd owned the present island on which Atlantic City is built, and quit early in 1695, in a conveyance, he denominates it "A commonidge for cattle." Dr. Pitney, shortly after taking up his residence in Absecon, paid frequent visits to the shore of the then undreamed of Atlan-

tic City, during which visits he become impressed with the physical properties of the atmosphere of the Atlantic coast in this latitude, with its splendid southern exposure and sand dunes, through which the surface waters never cease percolating, or on top of which stagnant pools never form, he began to make known his observations and openly avowed his belief in the remedial influence, because of which and other more material reasons, he may be called the founder of Atlantic City, and the instigator of its first railroad; also through his perseverance the government located and built a light-house on the Atlantic coast in the latter part of the year 1857. Dr. Mahlon Canfield, also previously of Morris County, a year or so later moved to Absecon and became contemporary with Dr. Pitney, and thirteen years thereafter, owing to a disagreement between them, he removed to Smith's Landing, thence to May's Landing, and subsequently returned to his former home in Morris County. In 1837 Atlantic County, formerly a part of Gloucester County, was named and in 1854 the city of Atlantic was chartered. In the beginning of the early part of the nineteenth century, Atlantic County was inhabited largely by a colony of settlers, few of whom remembered anything about the coming of their ancestors or their family traditions, many of these reaching back to the period of our revolution. Though they still remembered the King's highways and the privations incident to the invasion of the King's soldiers, they remembered little of their ancestral beginning. They were strong, resourceful, initiative, original and powerful people. Natural commanders of the land and of the sea, schooled in the demands and the requirements of the times, they were equal to both occasion and the burden. Comparatively isolated as they were, their access to the world's marts was by water or across more than sixty miles of dreary, unimproved country, through which were cleared only excuses for highways. Necessity with them made competition a footstool to a greater and higher achievement. It produced great men who wrought wonderful things in their time and environment. They furnished a beginning to the world's greatest highways for commerce, and something of honor and of fame to the early undertakings of Dr. Pitney and his associates in forecasting the eastern section of an unequalled system of railroad, which connects the Atlantic with the Pacific, and brings the "Golden Gate" within less than five days'

journey of our Atlantic City's lighted tower. Truly they built greater than they knew.

Bridging quite an interval between the above dates and that which concerns the remainder of my narrative, in Atlantic City, June 7, 1880, pursuant to a call from a committee of hard-working, earnest country physicians, assembled in conference, a temporary meeting was called in the Council Chambers of the City Hall, where proper committees were appointed that afterwards on the same day reported and organized the Atlantic County Medical Society. Though many attempts had previously been made, for reasons varying in point and importance, none had succeeded. The committee members present were Dr. Job B. Somers, Linwood; E. H. Madden and T. B. Waters, Absecon; Daniel B. Ingersol, May's Landing; Theophilis Boysen, Egg Harbor; G. E. Abbott, Ocean City; W. Boardman Reed and Willard Wright, Atlantic City.

The officers elected were Job B. Somers, president; Theophilis Boysen, secretary; and E. H. Madden, treasurer. The purpose and standard of the Society, such as might be deduced from the character of the men who composed the original committee, were strongly set forth in a preamble and constitution, the same that serves largely in the government and guidance of our Society at the present time. Whilst the minutes do not record Dr. Thomas Reed at the conference and organization, it is well known that his influence and support were generously given to the Society, and to him was the honor of first essayist. The membership began at once to grow, and continued thus until the enrollment numbered all of the eligible and interested physicians in the county. It grew so rapidly in the following decade that in 1896 (?)<sup>1</sup>, through the influence of the senior and more serious-minded practitioners who favored thoroughly scientific programs, was organized the Atlantic City Academy of Medicine, which, though brief, had a brilliant history. In the years 1903 and 1904 conflicting opinions, said to have been aided by petty jealousies, arose concerning the advisability of continuing both County Society and the Academy. Coincident with which, however, was the re-organization of the American Medical Association, by and through which the necessity for continuing the two societies was much lessened. At this time the question of "continuance or non-continuance" was presented to the Academy, and amicably settled in the negative. Since the discontinuance of the Academy meetings,



through the leadership of its present president and its former chief officers, well supported by its program committees, new life has been instilled in the medical forces of the County Society, and at no time in its history has there been greater interest and activity in its meetings than in the past four to six years; but it is of the earlier members, and especially the Organization Committee of which I wish most particularly to speak. Dr. Job B. Somers, our our County Society's first president, was erect, tall and manly in stature, firm in mind, inspiring in quiet enthusiasm, and lovable in disposition and character. In fact, much the same tribute may be paid the full committee, and especially at this writing to the memory of the six—whose labors quite some time have ceased. Representing as they did, rural districts from different sections of the county, each brought to the conferences in the Society interesting reports, arising from which, were questions of difficult discussion, and as I write, I recall many earnest and forceful arguments in the earlier meetings where contention, with the point at issue, strove for knowledge and greater illumination of the subject.

Far removed from the assistance of the expert and the specialist, they met difficult situations and at times unsurmountable conditions single handed, but unfaltering—strong to the last in supreme effort to rescue the flickering force. In these strenuous moments, wonderful feats, little short of the miraculous, were performed, that strengthen their knowledge with added experience, and fortified them for many encounters without which their armentarium would have suffered much.

Thus experience added composure and confidence, and at times brilliancy to the performance and service of these noble and honest servants. In my visits through the rural sections of the county, it is refreshing now and then to listen to striking expressions of affection for the memory of our beloved associates — Somers, Ingersoll, North, Boysen, Abbott, Edmonds, Waters and Wright—and I remark, "What Wonderful Compensation! Gratitude, that outlives generations!"

Of the eight physicians who composed the Organization Committee, "Time's Reaper has cut a generous swath," and all but two have answered their last call. Dr. W. Boardman Reed, now of Alhambra, California, and Dr. E. A. Madden, still of Absecon, remain our "ancient lights" to

whom I offer the Society's congratulations, and ask that they may long continue to shine.



PHILIP MARVEL, M. D.

Dr. Marvel has been an active member of the Atlantic County Medical Society, the State Society, since 1885, and of the American Medical Society; for several years a member of the Association's Board of Trustees; he is now first vice-president of the State Society and will be elected this year president for the year 1916-17.

The physicians of Atlantic County had an organization formed June 7, 1880. At the annual meeting of the State Society in 1881, they applied for a commission to organize the Atlantic County District Society; their application was signed by Drs. J. B. Somers, E. H. Madden, T. H. Boysen, L. H. Armstrong and S. C. Edmunds. The State Society appointed Drs. Boardman, Reed, Willard Wright and D. B. Ingersoll a committee to effect a permanent District Society. The following year the first delegation appeared at the State Society's annual meeting. Since then the county society has occupied a prominent place in the State Society. Its first roll had 17 members; its enrollment reported this year is 84; it has eight Permanent Delegates in the State Society: Drs. W. B. Stewart, W. E. Darnall, J. A. Joy, E. C. Chew, Emery Marvel, Edward Guion, W. P. Conaway and E. H. Harvey.

See picture and account of Dr. Jonathan Pitney's Lighthouse at Absecon, page 302.

## REMINISCENCES OF CUMBERLAND COUNTY PHYSICIANS.

BY DR. T. J. SMITH,  
Bridgeton, N. J.

The Cumberland County Medical Society was organized in 1818, two years after the 50th anniversary of our State Society. It has occurred to me that it would be very interesting to the readers of the Journal should the district medical societies bring forward some of their earlier doings with reminiscences of a few of their leading medical men of those times. Cumberland District Society would present briefly a few of such remembrances.

Elijah Bowen was the earliest practitioner of medicine in Cumberland County of whom the writer has been able to obtain information. He located at Shiloh in 1730 and spent a long and influential life in that locality. It is traditional that his medicines were exclusively vegetable.

James Johnson came to this country from England and settled in Roadstown about 1739. His practice was very extensive, embracing a circuit of more than fifty miles. He is said to have been one of the most respectable physicians of his time.

Samuel Ward commenced the practice of medicine in Greenwich in 1760 and soon made a favorable impression upon the community as to his natural and acquired talents and skill as a physician. Dr. Ward took an active part in the political affairs of his day. He was dignified, courteous and a good citizen, and was held in esteem by the most intelligent people in the community.

Thomas Ewing was born in Greenwich and studied medicine under the direction of Dr. Ward and succeeded his preceptor in practice. He was one of the spirited young men concerned in the teaburning incident preceding the Revolutionary war. When the war commenced he was appointed surgeon of a brigade. His practice was extensive, and in caring for it he rode altogether on horseback.

Benjamin Champneys graduated in both departments of the University of Pa. He received the degree of M. D. in 1805 and located at once in Bridgeton. The doctor's practice was large, both in Cumberland and Salem Counties. He received a certificate of honorary membership in the Medical Society of Philadelphia in 1808.

Samuel Moore Shute possessed in a remarkable degree the social qualities which

endeared him to the hearts of the people. Probably no physician has ever lived in this county who was so much beloved while living and so much lamented when dead. There were more learned and eloquent men among the good old worthies, but none who commanded more largely the confidence and love of the people. He was but a lad at the breaking out of the Revolutionary war but served as a lieutenant in the Continental line until its close. After leaving the army he pursued the study of medicine in the office of Dr. Jonathan Elmer. He subsequently married a daughter of his preceptor, settled in Bridgeton and became one of the leading physicians of the town. Prof. George B. Wood, of the University Pa., who was then a boy at his home in Greenwich, where Dr. Shute was the family physician, has said of him, "I could trace my first thoughts of choosing the medical profession to my great esteem and affection for Dr. Shute and my wish to be like him."

Jonathan Elmer, the first of the Elmer family to become a physician (five have since practiced medicine in Bridgeton), attended the first course of lectures given by the University of Penna., the oldest medical school in this country, and was one of the ten men that constituted its first graduating class. The year following his graduation he wrote a paper that was read before the American Philosophical Society. Dr. Elmer had an extensive practice in Bridgeton, and was often called as consulting physician many miles from his home. In 1787 he was chosen the president of our State Medical Society. In the following year he was elected to a seat in the U. S. Senate, having preceded this service by two successive terms in the House of Representatives. While Dr. Elmer was partially withdrawn from his chosen profession by these civil duties he always retained an interest in medicine and took pleasure in the fellowship of his professional brethren. Dr. Benjamin Rush, of the University of Pa., said of him that in medical erudition he was exceeded by no physician in the United States.

Ephraim Bateman was a student of Dr. Jonathan Elmer in Bridgeton. He graduated at the University of Pa. in 1803. History states that a strong attachment sprang up between him and Professor Benjamin Rush during his medical course which lasted for life. B. Rush Bateman, his son and successor in practice, was named for his professional friend. This son served as president of our State Society in 1866. Dr.



Bateman located in Cedarville, and soon acquired an extensive practice in the townships of Fairfield and Downe. His advice was often sought in consultation. Later after the example of many successful practitioners of those early days his attention was drawn toward political affairs. In 1813 he was elected to the N. J. Legislature, and in 1815 to the House of Representatives of the U. S. By re-elections he served three successive terms, and was then elected a State Senator. During its session he was elected to the Senate of the United States for the term of six years. His health soon failed and he died before completing this term of service. His son, grandson and great-grandson successively followed him in practice at Cedarville.

William (1st) was the youngest son of Dr. Jonathan Elmer. He was a good English and classical scholar and was thoroughly educated as a physician, having spent several years in the pursuit of his medical studies in Philadelphia and as attendant in the hospital and in practice at the dispensary. Dr. Elmer, after locating in Bridgeton, acquired a large practice, and was the leading physician of the town. His health failed in middle life and he died at the early age of forty-eight years.

Ebenezer Elmer, a brother of Dr. Jonathan, was a medical student in his office. After the completion of his studies in 1776 he served as regimental surgeon until the disbanding of the Revolutionary army in 1783. He then commenced civil practice in Bridgeton. His experience in the army aided him largely in acquiring and sustaining an extensive practice. Dr. Elmer attained the extreme age of ninety-one years. At his death he was president of the New Jersey branch of the Society of Cincinnati. He deserves to be remembered, not only as a patriot and a citizen of distinction, but he should be remembered by our profession for the strong influence he exerted in the organization of our district medical society in 1818. He contributed largely by his efforts to its growth and prosperity. He was its first president, and continued as its presiding officer for five years, taking a prominent part in its transactions and in the discussion of medical questions.

Joseph Butcher graduated from the Jefferson Medical College in Philadelphia the year of its incorporation and chose Mauricetown, Cumberland County, as his first and only field of labor. There for a period of forty years he continued in active practice. His steady hand and mature judgment

were still frequently sought during the late years of his life. Four sons and a grandson chose medicine as a profession and have since practiced in Mauricetown.

William Belford Ewing, son of Dr. Thos. Ewing, of Greenwich, was a graduate of Princeton and of the University of Pa. in medicine in 1794. Dr. Ewing spent a long and useful life in the practice of medicine in his native town, having reached his ninetyeth year at the time of his death. He assisted in the formation of the District Medical Society in 1818, and was elected president of our State Medical Society in 1824. In addition to his professional duties, Dr. Ewing served in several important civil offices. For twenty-one years he was a member of the Board of Freeholders and a member of the State Legislature for ten years. In the year 1844 he was a delegate to the State convention for forming a new constitution. Dr. Ewing was distinguished for an unusually retentive memory. He was prompt in decision and action, and had firmness and strength of nerve to speedily carry out his purposes.

Ephraim Buck graduated at the University of Pa. in 1817, and located in Bridgeton. His energy of character, pleasing address and medical skill speedily procured for him success in practice. He was often consulted by his professional brethren in severe and abnormal obstetrical cases. He lived a life of usefulness and held an influential position in society. He was foremost in every laudable public enterprise. The cause of temperance had in him a warm and uncompromising friend. For many years he was an active member of the Cumberland County Bible Society.

Isaac W. Hampton received his diploma in medicine at the University, Pa., when only seventeen years of age. He soon acquired an extensive and successful practice in Bridgeton which he retained for many years. His services were frequently called into requisition many miles from home as a regular attendant, and in cases of consultation. He charged high for his services and his practice became lucrative as well as extensive. He was an especial favorite as an accoucher. His popularity was thought due to his fine social qualities as much as to his experience and skill. The doctor was a fine public speaker. He always wore the old-fashioned ruffled shirt bosom and had the habit of shutting one eye when speaking.

Enoch Fithian was born in 1792 in Greenwich, and began the practice of medicine there in 1816. His family for four gener-

ations back had been residents of Cumberland County. The doctor spent a long and laborious life in the practice of his profession. The widely extended area of his labors required great physical endurance as well as professional skill and experience. He retired from active practice a number of years before his death which occurred in 1892, just after his one hundredth birthday. Dr. Fithian was appointed by the Medical Society of New Jersey one of its censors for the examination of students applying for license to practice medicine, and was several times a delegate to its meetings. He was also a delegate to the American Medical Association.

William S. Bowen, after graduating in the arts at Princeton, received his diploma in medicine in 1824 at the University of Pa. He was resident physician at the Pine Street Hospital in Philadelphia one year and then located in Bridgeton where he lived in uninterrupted practice for half a century. Dr. Bowen bore an extended reputation as a successful practitioner. He was skilful in the field of surgery, while his energetic character and progressive ideas enabled him to keep up with the advance in medical science. From the first he held membership in the District Medical Society. He was also actively interested in the cause of education, being a member of the school board of Bridgeton and a director of the State Normal School.

George Tomlinson was a native of Cumberland County and graduated in medicine at the College of Physicians and Surgeons in N. Y. He practiced his chosen profession in Roadstown and Shiloh until near the close of an eventful life of eighty-four years. Dr. Tomlinson was kind and courteous, a man of sterling integrity and always highly respected. He was particularly considerate towards young practitioners, and was always ready to extend to them a helping hand. He took a great interest in educational matters. There are few physicians who have done more charity work and none who have done it more willingly.

William Elmer (2nd) was born in Bridgeton in 1814. He received the degree of A. B. from Princeton, standing second in his class, and with the honor of the English Salutatory. The degree of M. D. he received from the University of Pennsylvania in 1836. His father and grandfather and later two sons were graduated from the same Alma Mater. He then entered Blockley Hospital. On the completion of his term of service there he returned to

Bridgeton and took up his father's practice of medicine. He was devoted to his profession. His learning, judgment and sympathetic heart soon secured for him a widely extended practice, and he stood concededly among the foremost men of his time. His integrity was inflexible. He honored his profession and himself as well in all the relations of life. He was true in his friendship and an agreeable companion in social life, and ever prompt in any movement for the public health and welfare. In 1860 he served the State Medical Society as its president. He was also a vice-president of the American Medical Association and of the American Academy of Medicine. He was a director of the State Hospital for Insane and also a director of the Training School of Vineland.

During the civil war seven men from our profession in Cumberland County were connected with the service of their country as surgeons, and were honorably discharged at the expiration of their terms of service.

The Cumberland District Society has from its inception ever been loyal to the State Society and desirous of sustaining its reputation and securing its success. A goodly number from its membership have been honored by serving it in official positions. We join heartily in this 150th anniversary. In two years from now we shall have occasion to celebrate our own 100th anniversary. May we ask the goodwill of our State Society for that occasion?

At the meeting of the Medical Society of New Jersey, at New Brunswick, November 10, 1818, "Drs. William Elmer, Ebenezer Elmer, Wm. B. Ewing, Eph'm Bateman, James B. Perrine, Enoch Fithian, Thomas Peck, George O. Trenchard and Ephraim Beach were appointed to form a District Society for the County of Cumberland, to meet at Ridgetown on the second Tuesday in December next for the above purpose."

At the next meeting, May 11, 1819, Drs. Ephraim Bateman, Isaac H. Hampton and William Elmer appeared as delegates representing the Cumberland County Society.

Dr. Ephraim Bateman, 1822, made the first report from that county to the Standing Committee which is published in full in the Transactions, 1766-1859.

The following members of the Cumberland Society were elected presidents of the State Society: Dr. William B. Ewing, 1823; Dr. Benjamin R. Bateman, 1866; Dr. Thomas J. Smith, 1896; Dr. Henry W. Elmer, 1905.



REMINISCENCES OF MEMBERS OF  
THE PASSAIC COUNTY MEDICAL SOCIETY.

BY WALTER B. JOHNSON, M. D.

It seems strange that I should be asked to reminisce in relation to the old members of the Passaic County Medical Society, as I surely do not feel qualified, from the point of age, to be able to go back so far.

However, my earliest recollection in a medical way is that in place of Dr. Frederic Weller who had enlisted and gone to the war, I had the service of Dr. William Blundell, when at the early age of five years and suffering from an attack of diphtheria, I received from him very strenuous treatment, a part of which I recollect being the insufflation into the larynx of powdered alum. It brought me through, and my next recollection of any close contact with the medical profession was my association with a colored boy named Henie Jackson, who had charge of Dr. Lemuel Burr's stable. He gave me an occasional ride.

I have also a vivid recollection of a Scotch doctor by the name of Robertson, who in consequence of some infirmity was unable to wear the kilts alone without the breeks.

I also remember Dr. Jeter R. Riggs who was my grandmother's physician. He was something of a sport. He always, whenever the occasion presented, made this statement, "What is the good of practicing medicine when you can go hunting or fishing." He lived at the United States Hotel and was a considerable *bon vivant*, and at one time was associated with Mr. Travers, Mr. Jerome and the coterie who operated the old Passaic County race track. He also dabbled in politics and was elected to the United States Congress.

I remember having gone on one occasion when suffering from some form of conjunctivitis to Dr. Sherborn R. Merrill. He gave me some zinc oxide ointment which in due course subjugated the ailment.

Having been for this time so closely associated with these various older members of the medical profession, I concluded that it would be desirable for me to undertake to prepare myself for this kind of work. Consequently, after having finished my preliminary education in the Paterson Seminary and in the University of the City of New York, I registered for the study of medicine with Dr. Elias J. Marsh, son of

one of the earliest presidents of the Passaic County Medical Society and the father of Dr. E. J. Marsh, the present vice-chairman of the Committee of Arrangements for the State Society for this year, 1916.

There were engaged in the practice of medicine in Paterson at that time John Quin, Michael Moss, Ridley Kent, Alexander Rogers, William Blundell, George W. Terriberry, Robert J. Whitely, Henry Van Blarcom, Oswald Warner, Cornelius Van Riper, H. C. Van Gieson, John R. Leal, George H. Balleray, O. V. Garnet, Thomas J. Kane, James C. Ameraux, James Mackintosh, Sarah F. Mackintosh, Jacob Hengler, J. S. Bibby, Spencer Van Dalsen, Calvin Terriberry, John Paxton, William S. Hurd, E. S. McClellan, John A. Rogers, Philander A. Harris, Joseph B. Wright, William K. Newton, Henry Kip, J. W. Collins, Walter B. Johnson, T. F. O'Grady and others.

Dr. E. J. Marsh, with whom I was so closely associated at the time of my apprenticeship, was engaged in those investigations which subsequently resulted in the determination of the fact that the pollen of the rag-weed was the etiological factor in the production of hay fever. We located glass slides in various places about Paterson and New York and also on Fire Island, which at that time had quite a reputation as a hay fever resort. Upon the slides located in Fire Island, there was no rag-weed pollen found.

At this time a joke was perpetrated upon the Hay Fever Association meeting at the White Mountains. Some dry rag-weed was taken and shaken about the Assembly Hall and immediately on the convocation of the assembly, the beginning and the end of the session was conducted by sneezes and coughs. I do not accuse Dr. Marsh of having placed the rag-weed in the room.

There was also at this time located in Passaic, Dr. Garret Terhune, Dr. Richard Terhune, commonly called Dr. Dick, his son, the father and grandfather of Dr. Percy Terhune at present practicing in that city; Dr. J. C. Herrick and Dr. Cornelius S. Van Riper.

One of my earliest experiences as a member of the Passaic County Medical Society was my attendance at a dinner given in honor of Dr. Garret Terhune at the Hamilton House on the corner of Market and Colt streets. This dinner was a very excellent and interesting affair and was given under the supervision of Mrs. George Oates, who was the matron of the Hamilton House.

Dr. Terhune was at that time the surviving constituent member of the original Passaic County Medical Society. He died shortly after that time.

Two of the most interesting physicians and surgeons of the county society practicing at that time were Dr. Michael Moss and Dr. John Quin. They were known as the Irish physicians and surgeons. They were engaged in extensive practices and were hard workers and held in great esteem by their patients.

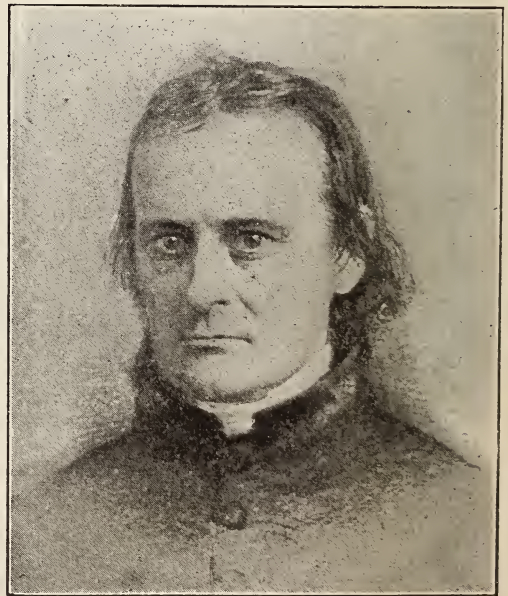
Dr. Moss was a man of wonderful intuitive perception. He held at that time, when tubercular disease was thought to be an almost entirely hereditary condition, the present theory in relation to the communicability of the disease. He was a man of great tenderness, although he always endeavored to appear indifferent. He kept his office in the rear of his drug store, and I have heard him say brusquely to a patient, "Take the child home and put it in a hot bath or it will be dead in half an hour," and upon the request of the mother to come at once and see it, he would say, "I will not go a step." However, as soon as the mother was gone, he would step in the room and put on his coat and go out stating that he was on his way to Bunn's Hotel. Instead he was on his way to see the patient.

Dr. John Quin, his cousin and intimate associate, did a very large surgical practice and at the meetings of the society, he was always able to recount a case which for its peculiarities exceeded any other. I heard him tell the story of having been called to the child of a resident of the Notch road after a case of tracheotomy was reported in the society, that as he hastened up the road to the house, he cut off a small branch of a willow tree, split the bark from the wood, and after entering the house rapidly opened the trachea with a penknife and used the bark of the willow tree as a trachea tube, thus saving the child's life.

On one occasion in the drug store of Dr. Moss, upon his return from Ireland, they were swapping stories when Dr. Moss said on his trip home he saw a whale within forty yards of the vessel spouting water up forty feet in the air. On hearing this story, Dr. Quin said, "But, Michael, you should have been with me on the last trip. We went into a school of one hundred whales and everyone of them was spouting more than sixty feet high." Dr. Moss looked at him in wonder and amazement and said, "My goodness, John, how you can lie."

Dr. George H. Balleray, a young man in the practice at that time, had a way of inviting all the different young men as they came along in the profession to enter with him into business partnership. The only person he succeeded in inducing to enter into such a partnership was Dr. William K. Newton. He was a practitioner of medicine of great renown and skill, and as his reputation extended and his duties became more onerous, he separated from Dr. Balleray and continued for many years to be a foremost medical practitioner in this vicinity.

It would be impossible, much as I would like to do so, to mention individually all of the gentlemen who were engaged in practicing at the time of my advent. I cannot close, however, without speaking of Dr. Alexander W. Rogers who joined this society shortly after its formation and who until the age of over ninety, for a period of over fifty years, carried on among a large and influential clientele, the practice of medicine. He was a close student to the end. He was always ready and able to make suitable remarks on any occasion either medical, religious or civic. He was a regular attendant at the meetings of the State and County Societies; was elected president of the State Society in 1879; he journeyed on different occasions up to the age of ninety to England to attend the meetings of the British Medical Society. He was a constant reader and had great faith in calomel.



ELIAS JOSEPH MARSH, M. D.



## ELIAS J. MARSH, M. D.

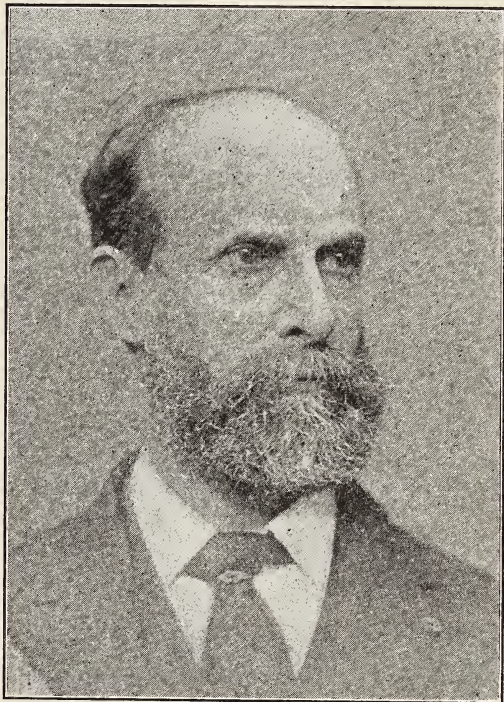
Elias Joseph Marsh (1st), was born in Perth Amboy, January 7, 1803. Son of Joseph and grandson of Elias Marsh, he united in himself lines of English and Scottish descent, which had been settled in the region between Elizabeth and Perth Amboy for above a hundred years. His father was a ship owner and shipping merchant and a leading man in his community, of which he was Mayor for a great many years.

After graduating as A. B. from Columbia and M. D. from the College of Physicians and Surgeons in New York, Dr. Marsh settled in Paterson and engaged in the practice of medicine. He was a leader in his profession and was always active in any movement to advance the welfare of the town. He was one of the organizers of the Passaic County Medical Society and his is the first name on the list in the Society's charter. He was one of the promoters of the first public library in Paterson, and also of a company started to promote the silk industry by growing silk worms. He was also a warden of St. Paul's Church. He was elected president of the Medical Society of New Jersey in 1850, but died a few months later, October 29, of nervous exhaustion from overwork in the cholera epidemic of that year. He is still remembered by the old residents of Paterson, as tall and spare in figure with a slight stoop, an absent and sometimes rather stern expression which always relaxed into a kindly smile and cordial greeting to any acquaintance he might meet—and that meant anyone in the town—and especially to children. He married a daughter of the Rev. Dr. Frederick Beasley, of Elizabeth, of old North Carolina stock.

## ELIAS JOSEPH MARSH, M. D., 2D.

Elias Joseph Marsh (2), son of Elias J. above, was born in Paterson, August 4, 1835; he also graduated A. B. from Columbia in 1854, and from the College of Physicians and Surgeons in 1858. After graduation he went west, and began practice in St. Louis. Returning home at the outbreak of the Civil War, he was appointed surgeon's mate in the Third N. J. Vol. Inf., 90 day men, and before the expiration of this term was commissioned assistant surgeon in the United States Army. He served with distinction through the war, being taken prisoner after Gainer's Mill by remaining behind to care for the wounded when the Federal Army retreated, but was shortly

exchanged and placed in charge of the Judiciary Square Military Hospital in Washington, and subsequently was division surgeon of the second cavalry division, Army of the Potomac. After the war he remained in the army till 1870, when he resigned and returned to Paterson to begin private practice, in which he soon attained



ELIAS JOSEPH MARSH, M. D., 2d.

a front rank position. St. Joseph's Hospital, the first in Paterson, had been opened the year before, with Dr. John Quinn and Dr. Michael Moss as attending physicians.

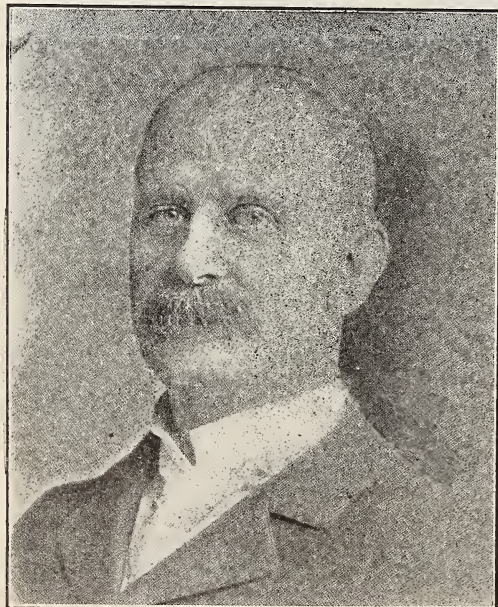
Dr. Marsh and Dr. Ballerary were associated with these the next year and continued to serve together on the surgical staff of the hospital for thirty-five years. He was also for some years surgeon to the Paterson General Hospital. Like his father he was actively interested in any movement for the welfare of the community, and his activities were naturally greater in accordance with the greater opportunities of the later day. He was the first president of the N. J. State and Paterson City Boards of Health; was an active promoter of the Paterson Free Public Library, and for twenty years president of the library trustees. He also took a prominent part in the planning and construction of the new building of the General Hospital. He was a member of the first Passaic Valley Sewer-



age Commission in 1896, the recommendations of which are now being carried out after twenty years of short-sighted opposition and delay. In 1890 he gave up practice to become medical director of the Mutual Life Insurance Company of New York, and his work on the mortality tables of that company gained him international reputation and a gold medal at the Paris Exposition of 1900. He was elected president of the Medical Society of New Jersey in 1891. His interest in general professional and public matters continued keen, notwithstanding his absorption in life insurance work, but he was never active in politics, though urged at one time to become candidate for Mayor. He cast his first vote for John S. Fremont, and remained a Republican all his life, though he voted against Blaine in 1884. He retired from active work on account of age in 1905, and died at home August 3, 1908. At his death a prominent journalist of this State, lately deceased, wrote of him: "As surely as there is a Beter World, so surely is he there, helping weakness, guiding strength, and passing the laurels to others." His oldest son bore his full name.

#### ELIAS JOSEPH MARSH, 3D.

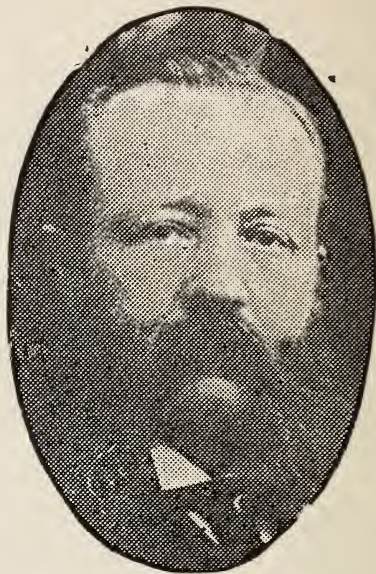
He graduated from the College of Phy-



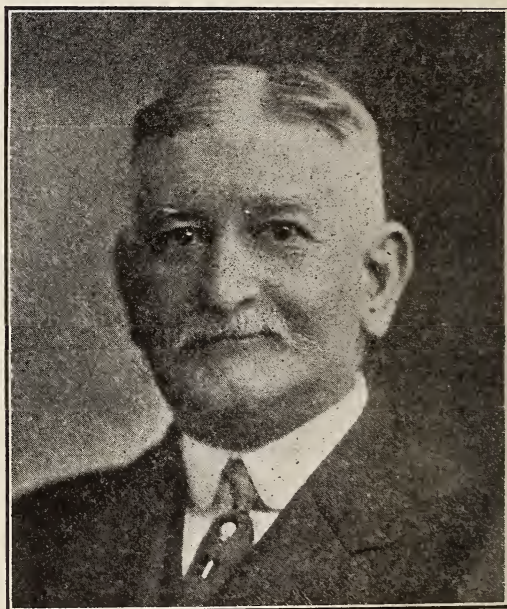
GEORGE T. WELCH, M. D., Passaic  
President of the Medical Society of New Jersey,  
1892-1893.

sicians and Surgeons in 1900 and is practicing in Paterson and is a member of the Passaic County Medical Society; a little

over a year ago he became the father of the fourth Elias Joseph Marsh in direct succession.



GEORGE H. BALLERAY, M. D.



WALTER B. JOHNSON, M. D.  
President of the Medical Society of New Jersey,  
1904-1905; Executive Surgeon, Paterson  
Eye and Ear Infirmary.

At the meeting of the State Society, held November 14, 1883, Drs. E. J. Marsh, Donation Binsee, Garret Terhune, Lemuel Burr and J. R. Riggs were commissioned to organize the Passaic Society. Dr. E. J. Marsh appeared as first delegate January 16, 1844.



SKETCH OF HUDSON COUNTY'S  
MEDICAL PAST.

BY FRANK D. GRAY, M. D.

Prior to February 27, 1840, Hudson County formed a portion of Bergen County and its independent medical history dates only from that time.

The present county medical society was organized in 1851; previously the territory of the Passaic District Medical Society extended over Hudson County.

The membership of the Hudson County Medical Society at its organization was 37. In 1874, it had reached 60, but owing to internal dissensions it had dropped to 27 in 1879. After a period of inaction covering about a decade, a new spirit was infused into the society which now has the second largest membership in the State, totaling 258, with regular meetings eight months in the year.

The following were among the best-known physicians and surgeons, in their day, of Hudson County or of the region now comprised by Hudson County.

**JOSIAH HORNBLOWER:** 1767-1848, son of Josiah Hornblower, an English engineer, who came to America about 1753 and interested himself in the Schuyler Copper mines near Belleville. Dr. Hornblower began practice in Bergen, now Jersey City Heights, in 1789. His professional work extended over all the present Hudson County and to Fort Lee, Old Hackensack and Northern Staten Island. For more than eighteen years there were only two other physicians in all that territory. In 1812, he was appointed a surgeon in the U. S. Army and from 1828 to 1832 he was professor of the practice of medicine in Rutgers Medical School. Four of Dr. Hornblower's descendants—Josiah, Jr., Wm. T. N., Josiah and Theodore R., were well-known practitioners in Hudson County. A brother of the elder Dr. Hornblower was Chief Justice Joseph C. Hornblower.

**JOHN MESIER CORNELISON:** 1802-1875, son of Rev. John Cornelison, pastor of the Dutch Reformed Church, Bergen, for 35 years. He was a graduate of Union College, studied medicine with Dr. Valentine Mott and graduated in medicine at the College of Physicians and Surgeons, N. Y. His office was in Bergen, but his field of labor extended from Bergen Point to Bull's Ferry, including what is now Hoboken and Paulus Hook. In spite of his large practice he gave time to public duties and was in

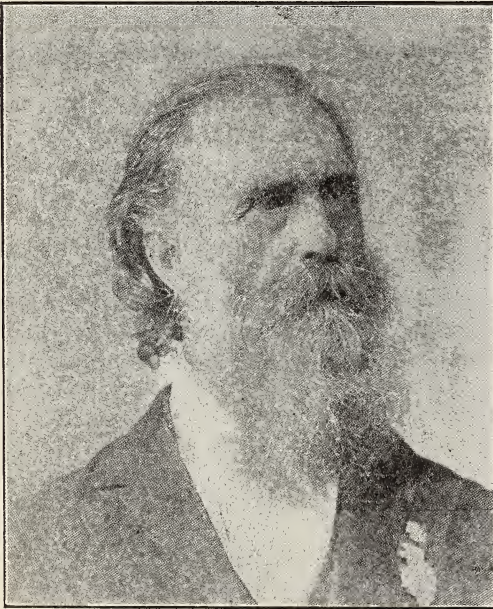
1832 a member of the State General Assembly; also lay judge of the Court of Errors and Appeals for 16 years.

At the time of his death he was president of the Board of Regents of the Hudson County Hospital—now Christ Hospital.

**THEODORE R. VARICK:** 1825-1887, a descendant of the Varicks of Revolution fame, his grand uncle, Col. Richard Varick having been on Gen. Benedict Arnold's staff, and later private secretary to Gen. Washington. Dr. Varick was a man of originality and force of character. Educated in the Collegiate and Medical Departments of the New York University, he began the practice of medicine in New York in 1846, but soon after removed to Jersey City, where in 1851 he was one of the incorporators of the Hudson County Medical Society, and, in 1864, was also president of the N. J. State Medical Society. In 1869, Gov. Randolph appointed him surgeon general of the State, which position he held for many years. As medical and surgical director of St. Francis' Hospital, Jersey City, he exerted a large influence on the profession of his day. Dr. Varick did not take kindly to what he regarded as innovations and the writer well remembers his opposition to the Listerian antiseptic method in its early days, yet he really practiced antiseptic surgery by means of an original technique of applying extremely hot water to wound surfaces and his results were good. His contributions to medical literature were numerous and valuable. Underneath a somewhat brusque and forbidding manner Dr. Varick had a generous nature and is remembered by those who knew him as a staunch friend, even if sometimes an enemy. (See page 281).

**BERIAH A. WATSON:** 1836-1892, a descendant of Perry Watson, a Rhode Island patriot, who fought at Bunker Hill, was a contemporary of Dr. Varick, and from 25 to 40 years ago these two were the leading—in fact, the only surgeons of note and ability in Hudson County. Dr. Watson was surgeon in the U. S. Army during the Civil War and saw much active service from 1862 till the end of the conflict. After the war he located in Jersey City, where he spent the remainder of his life. Surgeon to St. Francis, Christ and the City Hospital, Fellow in the N. J. Academy of Medicine and of the American Surgical Association, member of the American Medical Association, N. Y. Neurological Society, N. Y. Pathological Society, N. J. Microscopical Society, Jersey City Pathological Society,

president of the N. J. State Medical Society, and also of the N. J. Academy of Medicine, are some of the honorable positions held by Dr. Watson, and indicate the measure of his wide activities. Dr. Watson was a prolific contributor to medical literature, some of his contributions, especially those on the action of "Woorara in Tetanus" and conclusions regarding "Spinal-Traumatisms" were based on original research of no little merit. In 1884 he published an octave volume on "Amputations and Their Complications." He was a bibliophile of no mean degree and, as a consequence, possesses a large and valuable library which contained in addition to the leading modern works, a fine collection of rare old medical books. Dr. Watson embraced new professional ideas with alacrity and was the first in Hudson County to perceive the merits and put into practice Lister's theories of antiseptics.



DR. ISAAC N. QUIMBY, M. D.

ISAAC N. QUIMBY: 1831-1898, another descendant of Revolutionary forbears and grandson of Judge Nicholas Emmons, of the N. J. Supreme Court, studied medicine with Dr. Valentine Mott and graduated from the Medical Department of the University of the City of New York in 1859. He served some time as surgeon in the U. S. Army during the Civil War and in the early years of his practice in Jersey City was interested in surgery, contributing several original articles to current literature on

surgical matters—but in later life Dr. Quimby confined his professional activities to internal medicine. He was always deeply interested in matters affecting the public welfare and is especially remembered for his fearless and effective advocacy of prohibition.

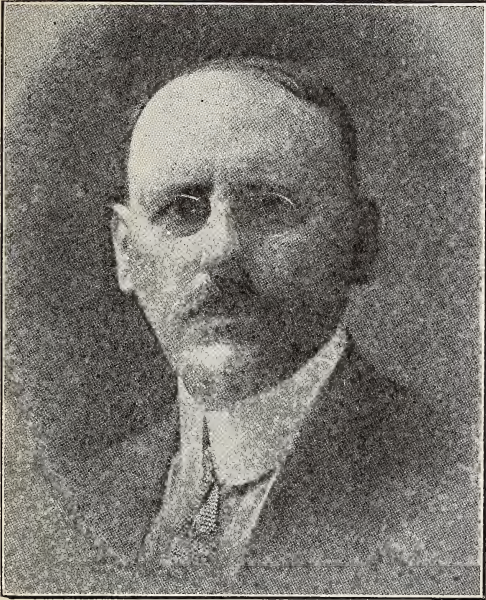
JOHN VAN VORST: 1850-1887, descendant of one of the old Dutch families which settled Jersey City. He was a graduate of Princeton and received his medical degree from Bellevue Medical College. Dr. Van Vorst early showed a genuine aptitude for surgery and held the position of attending surgeon to Christ Hospital at the time of his death. His untimely demise undoubtedly deprived Hudson County of one of its most promising surgeons.

JOHN D. MCGILL: 1846-1912, educated at Princeton and the University of Pennsylvania, Medical Department, was the third representative of Hudson County to become president of the N. J. State Medical Society. He succeeded Dr. Varick as medical director of St. Francis' Hospital, where he was a visiting surgeon and was for a long term of years surgeon general of New Jersey—also in succession of Dr. Varick. Dr. McGill was not only an able physician and surgeon but possessed the unusual combination of professional and business success, being connected with several banking and other commercial interests, and accumulating in that way a very considerable fortune. Dr. McGill was son of a professor of Princeton University, and brother of the late Chancellor McGill of New Jersey.

At the meeting of the State Society held at New Brunswick, May 13, 1851, "A petition was presented for a commission to institute a District Society in Hudson County. The request was granted and the blanks ordered to be filled up as the applicants may give further notice. The Society was organized October 11, 1851. At the meeting of the State Society, January 7, 1852, Drs. J. M. Cornelison and Charles Cook appeared as delegates from Hudson County; Drs. Cornelison, Cook, J. E. Culver and Magrave were elected the county's censors.

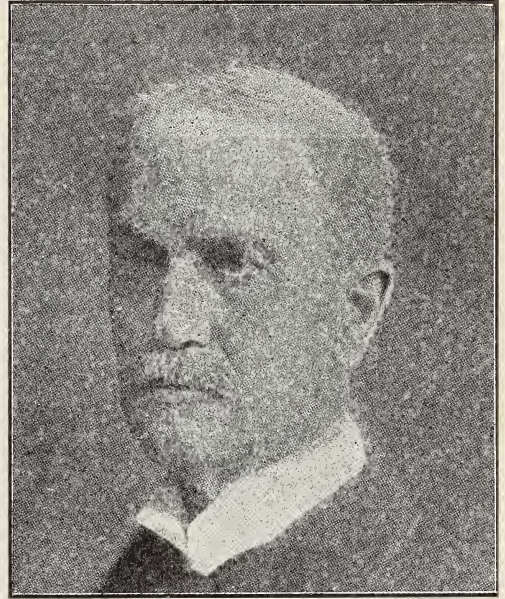
We insert the picture of Dr. Frank D. Gray who was president of the State Society during the year 1914-15; also, through the courtesy of Dr. F. J. McLoughlin, of Jersey City, the pictures of some prominent physicians of Hudson County.—Editor.





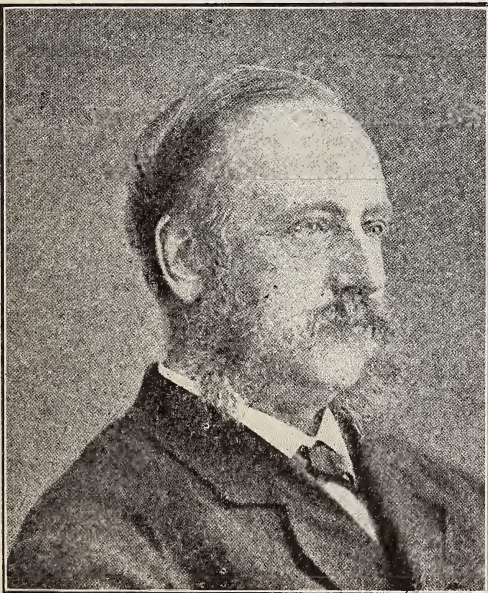
FRANK D. GRAY, M. D.

The next four were medical directors of the St. Francis Hospital, Jersey City: Dr. Varick, 1879-1887; McGill, 1887-1912, see Dr. Gray's article, p. 279; McLoughlin, 1912-1915; Dr. Hetherington, 1915-



JOHN D. MCGILL, M. D.

(See Dr. Gray's paper, page 279).

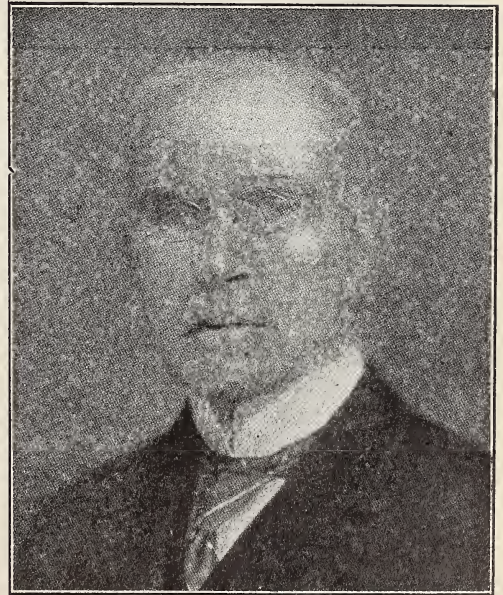


THEODORE R. VARICK, M. D.

(See Dr. Gray's paper, page 279).

THOMAS J. McLOUGHLIN, M. D.

Dr. McLoughlin was born in Ireland; graduated from Dublin University; came to New York City as a young man, entered the College of Physicians and Surgeons, New York, in 1867, and graduated there-

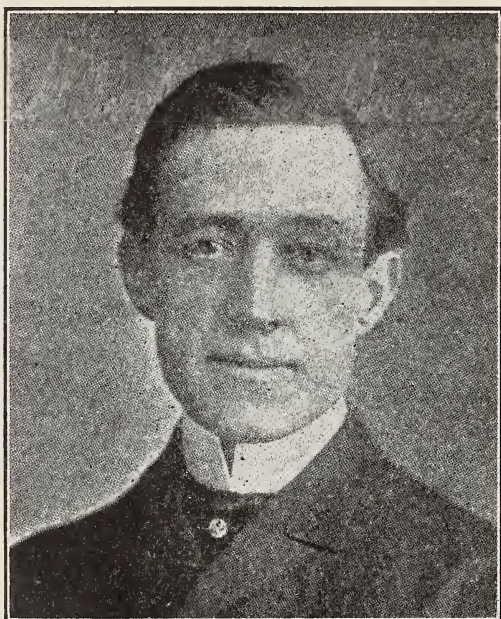


THOMAS J. McLOUGHLIN, M. D.

Francis Hospital staff as first assistant; in 1880 he became an attending physician; in 1887 attending surgeon, was senior to all except Dr. McGill, and in 1912, on the death of Dr. McGill, he became medical director and served until his death on May

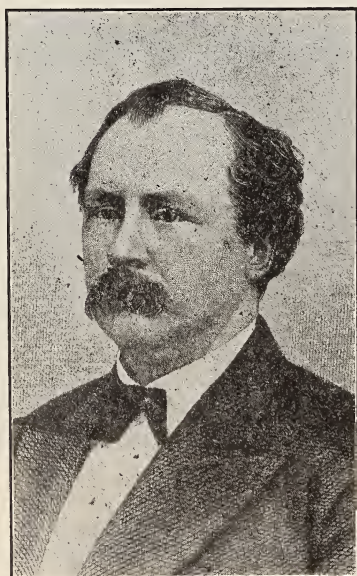


12, 1915, so that during his term of service he was privileged to contribute much to the success of the Golden Jubilee celebration of the hospital in 1914. Thus he served this hospital continuously for more than 39 years. He was also for 29 years a member of the Jersey City Hospital staff. He was a member of the county, State and American Medical Associations.



WILLIAM L. HETHERINGTON, M. D.

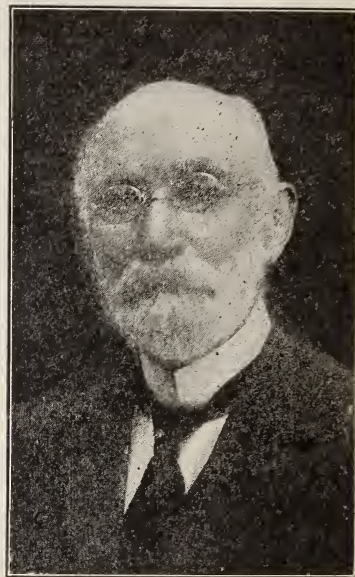
Dr. Hetherington was born in New York City. He graduated from the College of



BERIAH A. WATSON, M. D.

President of State Society, 1889-1890.  
(See Dr. Gray's paper, page 279).

Physicians and Surgeons, New York City, in 1896. He began practice in Jersey City. He was assistant physician, St. Francis Hospital, 1896-97; assistant surgeon, 1898-1911; surgeon, 1912-1915; medical director since 1915. He is a member of the Carteret Club and Physicians and Surgeons' Club, Jersey City.



JOSEPH F. FINN, M. D.

Dr. Finn was born in Brooklyn, N. Y., in 1833; was educated in St. Francis Xavier College, Louisville, Ky.; then attended the College of Physicians and Surgeons, New York City, graduating in 1854; one year physician of the Brooklyn City

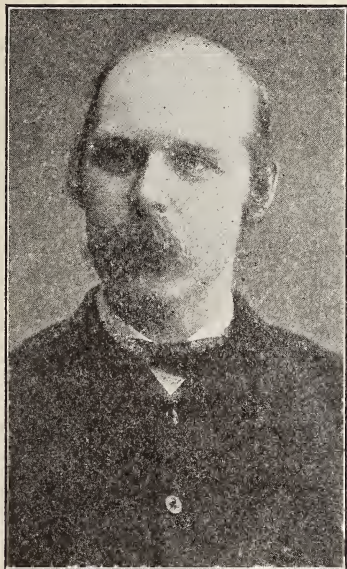


F. G. PAYNE, M. D.



Hospital; then located in Jersey City; was first county physician in 1855-1865; physician of St. Francis Hospital 1873-1887; consulting physician, Bayonne Hospital; director of education, Jersey City, 1899-1902. He died November 19, 1914.

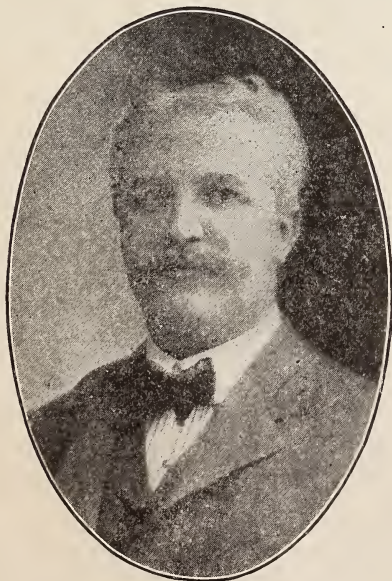
Dr. Payne was born in England in 1825; came to America in 1847; had for some years a drug store at Port Richmond, S.



JOHN J. VAN VORST, M. D.

(See Dr. Gray's paper, page 279.)

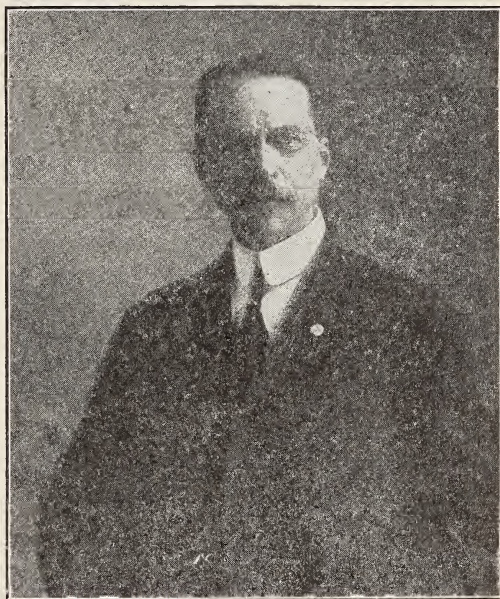
I. Studied medicine and graduated from Jefferson Medical College, Philadelphia, in 1856; soon after began practice at Bergen



F. M. CORWIN, M. D.

Point; was first health officer and first president of the Board of Education of that city; was visiting physician to St. Francis Hospital, Jersey City, 1874-1887; was the originator of the Bayonne Hospital and president of its medical staff, 1890, till his death, March 5, 1894.

We insert also the following Hudson County physicians' pictures we urgently sought.—Editor:



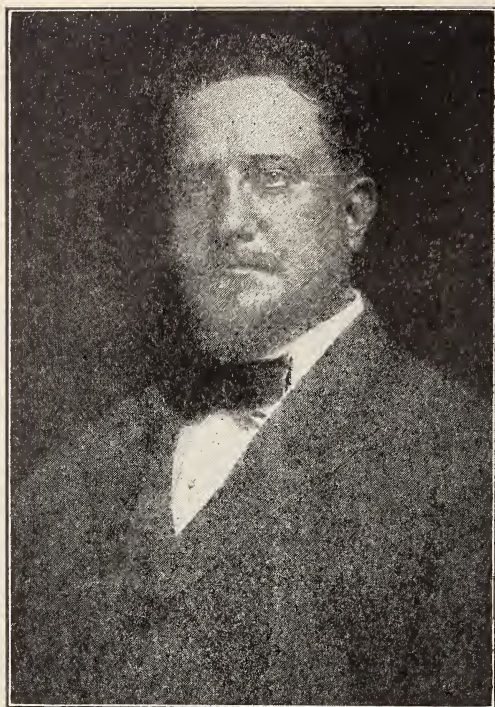
GORDON K. DICKINSON, M. D.



EERTHOLD S. POLLAK, M. D.

Medical Director Hudson County Tuberculosis Hospital and Sanatorium.





AUGUST ADRIAN STRASSER, M. D.,  
Permanent Delegate and Chairman of Publication Committee of the State Society;  
President Academy of Medicine  
of Northern New Jersey.

Others have sent photographs but they came too late for insertion; they will appear in our July Journal.

#### DECEASED OFFICERS AND MEMBERS.

Besides those already referred to, there are many others whose activity and worth can never be forgotten by those acquainted with our Society's past history; whose services and influence have contributed to the Society and the profession's advancement and glory. We are able to insert the pictures or biographical sketches of only a few, photographs of whom have been sent us, while we are deeply conscious of the fact that there are many others whom our readers will recall, who are equally worthy of a place in these columns, that we are not able at present to mention.

Thanking those who have favored us with "Reminiscences" of their county societies' physicians, we hope the other counties will be heard from in future contributions. Dr. Luther M. Halsey, who has served our Society so earnestly in the past year and was its president during the year 1899-

1900, has sent one, but it was received too late for this issue; it will appear in next month's Journal.—Editor.

In the list of our honored dead, we of course begin with a brief sketch of the first president of our State Society, elected in 1766, deeply regretting that no picture of this distinguished physician could be obtained:

REV. ROBERT MCKEAN, M. D.

Rev. Dr. McKean was, in 1757, ordained to the Mission of New Brunswick, by the Society for the Propagation of the Gospel in Foreign Parts.\* He removed to Perth Amboy in 1763. Previous to his settlement in Amboy, his mission embraced the towns of Piscataway and Spotswood. He devoted himself to the conscientious discharge of his duties, as far as a somewhat delicate constitution would permit, and made occasional visits to Readingtown, twenty-five miles distant. He was also a practicing physician. That he was distinguished as such and for his zeal in promoting the science of medicine, is illustrated by the fact that he was one of the original seventeen medical men who organized the New Jersey Medical Society in July, 1766. He was the first signer to its "Instruments of Association and Constitutions," and received the honor of being its first president.

In a letter dated October 12, 1767, Rev. Dr. Chandler, of Elizabethtown, informed the Society that "wasted away with tedious disorder, the worthy, the eminently useful and amiable Mr. McKean is judged by his physicians to be at present at the point of death." He adds, "a better man was never in the Society's service." He died October 17th.

His mortal remains repose in the graveyard of St. Peter's Church in Amboy. His monument now stands there, erected by Hon. Thomas McKean, an early Governor of Pennsylvania, bearing the inscription:

"In memory of Robert McKean, M. A., Practitioner of Physic, etc., and Missionary from the Society for the Propagation of the Gospel in Foreign Parts, to the City of Perth Amboy, who was born July 13, 1732. N. S., and died October 17th, 1767. An unshaken friend, an agreeable companion, a rational Divine, a skillful Physician and in every relation in life a truly benevolent and honest man. Fraternal love hath erected this monument."

Dr. Stephen Wickes, in History of Medicine in New Jersey and of its Medical Men, says: In the early history of the



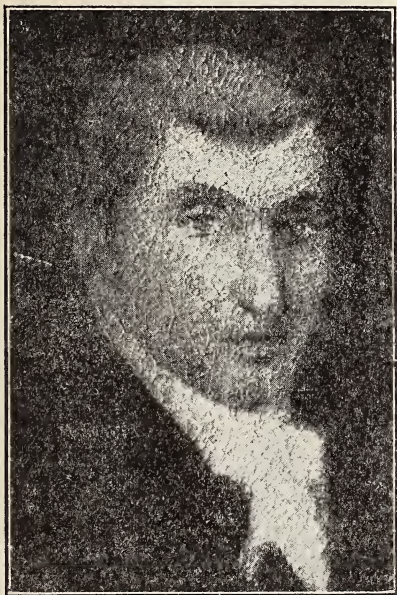
colonies, the practice of the healing art was chiefly in the care of the clergy. Many of them were men of profound minds and highly educated.

#### WILLIAM BURNET, M. D.

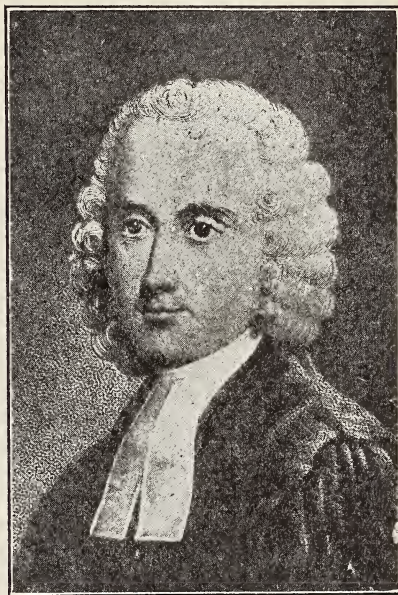
Dr. Burnet—one of the original organizers of our State Society and its second president in 1767—was a son of Dr. Ichabod Burnet, of Elizabethtown; he was born December 2, 1730; graduated at Princeton,

signed his seat in Congress to assume this responsible position.

Dr. Burnet is entitled to an exalted place in the annals of his native State for his own distinguished services, and also for the reputations and achievements of his sons. At the close of the war the doctor returned to Newark and devoted himself to agricultural pursuits. He was soon, however, appointed Presiding Judge of the Court of Common Pleas. He retained his deep in-



WILLIAM BURNET, M. D.



REV. JONATHAN DICKINSON, M. D.

1749; studied medicine with Dr. Staats, of New York, and settled in Newark as a physician. When the Revolutionary War broke out he relinquished a lucrative practice and took a conspicuous part, as chairman of the Committee of Safety, exercising large powers and commanding influence. On one occasion in 1776 he organized and dispatched to New York a force of 300 men, and he practically governed the town of Newark for several years and was also the first Judge of the County Courts.

He suffered great loss of his private property by depredations of the enemy. In July, 1776, he was appointed one of the three commissioners to issue State bills of credit and make purchases of arms and ammunition. On February 17, 1776, he was commissioned surgeon 25th Regiment Essex. He was elected a member of Congress, Continental for 1780-81. On March 5, 1881, he was commissioned Chief Physician and Surgeon of the Hospital Department of the Eastern District, and he re-

terest in our State Society and was for the second time elected president in 1786. His address on retiring from office the following year on "The Nature and Importance of the Healing Art," etc., is given in full in the Transactions, 1766-1859. He was a member of the First Presbyterian Church in Newark and for the last 23 years of his life one of its ruling elders. He died October 7, 1791.

#### REV. JONATHAN DICKINSON, M. D.

Dr. Dickinson was born in Edinburgh, Scotland, in 1687, where he was educated. (We give Dr. Wickes' biographical sketch of him.—Editor).

The distinguished services and imperishable fame of this learned theologian, and eminent civilian as well, need no memorial in our record. It is, nevertheless, proper to notice that to his services as an invaluable counselor and organizer in defense of

These two pictures are inserted by courtesy of J. A. MacClary.



popular rights; and as a theologian, of whom Erskine, of Edinburgh, said that "the British Isles have produced no such writers on divinity in the eighteenth century as Dickinson and Edwards," he added to his accomplishments the study and practice of the healing art. As a physician he acquired a high reputation.

Dr. Wickes quotes his letter on the Throat Distemper, as giving evidence of a mind skilled in the appreciation of morbid phenomena and an enlarged knowledge, for his time of the principles of cure.

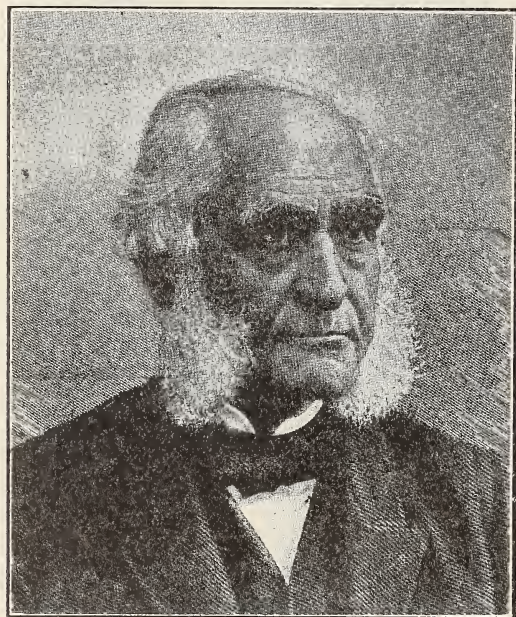
Dr. Dickinson was the first president of the College of New Jersey, located at Elizabethtown in its early days. He died Oc-

ture of which he was fond. He was a decidedly religious man.

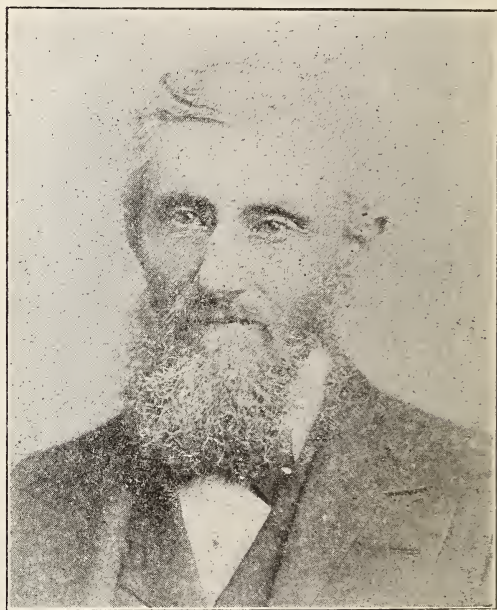
#### SAMUEL H. PENNINGTON, M. D.

Dr. Pennington was born in Newark in 1806; graduated from Princeton College in 1825, and from Rutgers College Medical Department in 1829; was elected a trustee of Princeton College in 1856; president of the trustees of Princeton Theological Seminary in 1876; received the honorary degree of LL. D. from Princeton College in 1895. His father was Samuel Pennington, who for many years was editor of the Newark Sentinel of Freedom.

Dr. Pennington practiced medicine in



SAMUEL H. PENNINGTON, M. D.



EZRA M. HUNT, M. D.

tober 7, 1747, in that city to which he came as a young minister not twenty-one years of age.

#### EPHRAIM F. R. SMITH, M. D.

Dr. Smith was born in New Brunswick, in 1786. Graduated from the College of New Jersey; studied medicine with Dr. Moses Scott; graduated from the University of Pennsylvania in 1808. He was treasurer of the State Medical Society 1817-1829; was its president in 1832. As a physician he was eminently qualified and he had the confidence of the community. He was for many years president of the Bank in New Brunswick; he served as Mayor of the City in 1842; retired from practice in 1854, devoting himself to the care of his large property and to agricul-

Newark for over sixty years. He was one of the most active and esteemed members of the State Medical Society; chairman of its Standing Committee several years; elected president in 1848 and his annual address in 1849 was a most scholarly and forceful discussion on "Science, Philosophy and Cultivated Intelligence as the True Basis of Medical Reputation," it appears entire in the Transaction, 1766-1859, as do other able papers by him.

He was elected an honorary member of the Connecticut and also, in 1897, of the New Jersey State Medical Society. For 18 years he was a member of the Newark Board of Education, several years was its president; was also president of the Newark City National Bank from 1857 till his death in 1900.



## EZRA M. HUNT, M. D.

Dr. Hunt was born in Metuchen, N. J., January 4, 1830; after a preparatory course at Irving Institute, Tarrytown, he entered Princeton College in 1845; graduating in 1849; studied medicine under Dr. Abraham Coles; received the degree of M. D. from the College of Physicians and Surgeons, New York City in 1852; he began the practice of medicine in his native town in 1853; was appointed lecturer on *Materia Medica* in Vermont Medical College; the next year he was elected Professor of Chemistry in the same institution, but in 1855, he resumed practice in Metuchen, continuing until he joined the army in 1862, as assistant surgeon of the 29th N. J. Infantry; after two months he was placed in charge of the Calvert Street Hospital, Baltimore, Md., and remained there till his term expired, when he returned to Metuchen and again resumed practice.

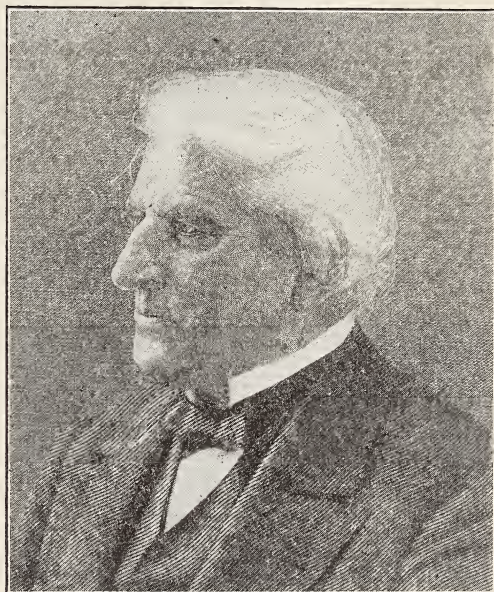
He was a prominent and faithful member of the Middlesex County Medical Society. In 1864 he was elected president of the State Society of which he was a most influential member; his annual address on "Our Profession in Its Three-fold Relations, as a Science, a Business and an Art," was an intellectual and forceful production as were his many papers generally; he was frequently elected one of the delegates to the American Medical Association; he was also appointed a delegate to the International Medical Congress in 1887 and again in 1882. He was one of the most influential members of the American Public Health Association and was its president in 1883. To his untiring efforts as our State Society's leader in the movement was largely due the organization and of the State Board of Health in 1877. In company with Dr. J. S. Billings, Surgeon U. S. A., he went to Europe in 1876, to inspect hospitals and study sanitary matters, the results of the visit had much to do in securing the State Board of Health, and Dr. Hunt was chosen as the one best fitted to conduct its work. It is not too much to say that the State Society owes as much to Dr. Hunt as to any other man not only for the splendid history of the days of his active and influential service, but also for its present standing and glory.

The degree of LL. D. was conferred upon him by Lafayette College and that of Sc D. by Princeton College. In 1888 he was elected an honorary member of the Epidemiological Society of London, England. A prominent writer, in a sketch of his life

said: "The secret of Dr. Hunt's life of activity, faithfulness, earnestness and perseverance, is to be found in his deep personal piety and consistent humble Christian life—his firm unwavering trust in God." He died in Metuchen, July 1, 1894.

## ABRAHAM COLES, M. D.

Dr. Coles was born at Scotch Plains, N. J., December 26, 1813, in the ancestral home. After an excellent education he, at 18 years of age, resolved to study law and entered the office of Chief Justice Hornblower at Newark, but he discovered a wider field for usefulness in the practice of medicine,



ABRAHAM COLES, M. D.

though never losing his fondness for the law. He attended medical lectures at the College of Physicians and Surgeons, New York City, and later at Jefferson College, Philadelphia; he graduated from the latter in 1835; the next year he began practice in Newark and was very successful. In 1848 he went abroad, spent much time in hospital and in the society of many eminent medical men of Europe.

Dr. E. M. Hunt said: "When I entered his office in 1849, he was regarded as the most accomplished practitioner of Newark and as eminent both for his professional and literary acquirements." In 1854, he again visited Europe and after 17 months returned to his practice in Newark. In 1862 he began laying out and beautifying the seventeen acres of the ancestral farm at Scotch Plains where later many visitors found him and his devoted son and daugh-



ter most genial and entertaining hosts. He never relinquished entirely the practice of medicine.

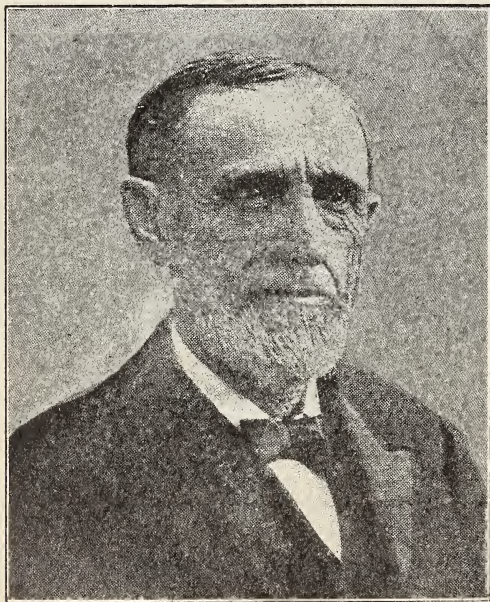
As Dr. Hunt said: He was eminently a physician amid all other eminences; he delighted in his profession, both as a science and an art; he felt his calling to be a sacred one; it was a part of his ministry for the Master whom he loved to serve. He was president of the State Society in 1866—the centennial year and his address entitled, "The Microcosm" was a masterly poetic one that will bear frequent rereading with pleasure and profit. He was called the "Physician-Poet."

Dr. Coles received the honorary degree of A. M. from Rutgers College; the degree of Ph. D. from Lewisburg University in 1860, and that of LL. D. from Princeton College in 1871. He passed away May 3, 1891, uttering words of Christian faith and love.

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#### JOHN C. JOHNSON, M. D.

Dr. Johnson was elected president of the State Society in 1867 and presided at the



JOHN C. JOHNSON, M. D.

annual meeting the following year. He was one of the most faithful members, very rarely absent from an annual meeting of the Society or of its Board of Trustees. He died in 1807.

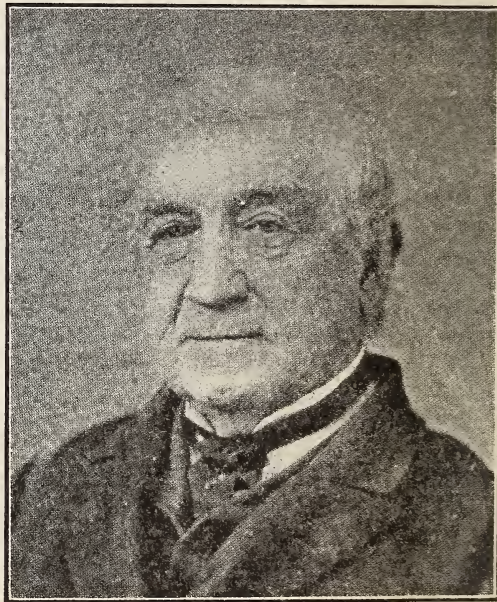
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#### WILLIAM PIERSON SR., M. D.

Dr. Pierson, son of Dr. Isaac Pierson, was born in Orange, December 4, 1796; he was descended from Thomas Pierson, one

of the settlers in Newark in 1666. He graduated from the College of New Jersey in 1816. He studied medicine with his father; took course of lectures at the University of Pennsylvania and another course at the College of Physicians and Surgeons, New York City. He was licensed to practice by the Medical Society of New Jersey in 1820, receiving the degree of M. D. He thereafter practiced in Orange until the infirmities of old age led him to retire.

He was devoted to his profession; practiced over a large district. He had a record of more than 2,000 cases of labor. He first appeared as a delegate in the State Society in 1821, and for nearly 60 years was very rarely absent from a meeting. As a citizen and public man he was judicious in counsel and jealous of the people's welfare. He occupied the following positions: 1837-1838, member of the Legislature; Director of the Board of Freeholders; Sheriff of Essex County, 1846-1850; corporator of Newark Savings Institution and its vice-president; corporator and trustee of Rose-dale Cemetery; first Mayor of Orange



WILLIAM PIERSON, Sr., M. D.

serving three years and then three years as councilman.

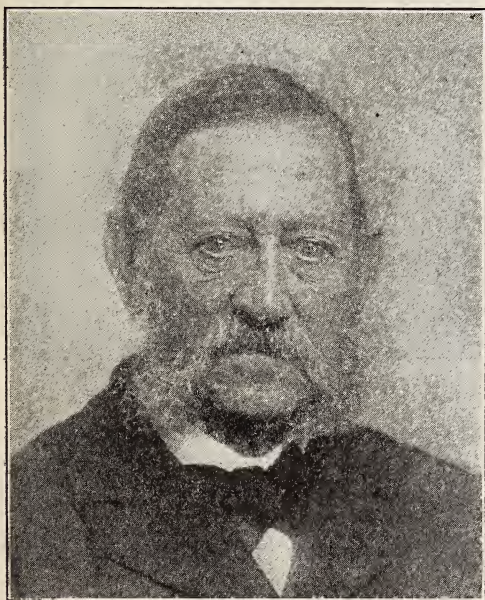
He wrote several papers for the State Society, the centennial history was a notable one. He was president of the Society in 1869 and for 31 years previously its recording secretary.

His life was exemplary and his interest in the progress and welfare of the church was uniform and earnest.



## HENRY R. BALDWIN, M. D.

Dr. Baldwin was born in New York City, September 18, 1829, and died at New Brunswick, N. J., February 3, 1902. His ancestors were Hollanders on the maternal side, and paternally were among the original settlers of 1639 in the State of Connecticut. In early life the doctor came to New Brunswick with his parents; entered the "grammar school" and later Rutgers College, graduating in 1849; he began the study of medicine with Dr. G. J. Janeway and



HENRY R. BALDWIN, M. D.

later with Drs. Parker and Watts of New York City; in 1850 he entered the College of Physicians and Surgeons, New York, and graduated therefrom in 1853; he was clinical assistant to Dr. Watts six months and served as a resident physician at Bellevue Hospital eighteen months. In October, 1854, he began practice at Stapleton, S. I.; soon after he became surgeon of the Steamship Baltic of the Collins Line.

In December, 1855, he settled in New Brunswick; his practice increased so that he was glad to have his son, Dr. A. V. N. Baldwin, who graduated in medicine in 1882, associated with him and they continued together until the latter died February 14, 1897. He was a close student and a conservative practitioner who did not believe in the "too free use of the knife."

He was one of the most faithful members of both county and State medical societies; he was treasurer of the State Society from 1866 to 1874, when he was

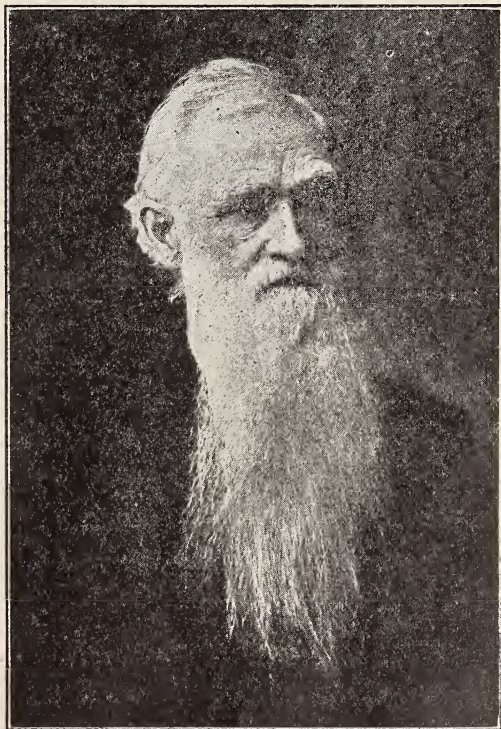
elected third vice-president and in June, 1877, was elected president; he served on the Business Committee as chairman fourteen years and on the Fellows' Prize Essay Committee several years. He was a member of several medical societies; was appointed by Gov. Griggs, in 1897, as one of the managers of the State Hospital for the Insane; for he was surgeon of the Pennsylvania Railroad for this section; was president of the staff of Wells Hospital from its organization in 1889 until his death; also was president of the City Board of Health.

He sought also the public good as a citizen; was for two terms an Alderman; served 12 years on Board of Water Commissioners; and on the Board of Education 17 years; he was elected a trustee of Rutgers College in 1884 and that college conferred on him in 1893 the honorary degree of LL. D. His friends erected beautiful gates at one of the entrances to the college grounds to his memory.

He was an officer of the Second Reformed Church of New Brunswick.

## STEPHEN WICKS, M. D.

Dr. Wicks was born in Jamaica, L. I.



STEPHEN WICKS, M. D.

His ancestor, Thomas Wickes, was grantee of a large tract of land on Long Island in



1666. He graduated from Union College, Schenectady, in 1831; and from the Medical Department of the University of Pennsylvania in 1834; began practice in New York City; then for 15 years in Troy (was a trustee of Rensselaer Polytechnic Institute there); then located in Orange, N. J., where he acquired an enviable reputation for his medical skill, his exemplary life and his general usefulness.

He joined the Essex County Medical Society in 1853 and he rendered eminent service to the Medical Society of New Jersey; 25 years he was chairman of the Standing Committee; his editorial work on the Transactions, especially the volume of the Condensed Transaction of the Society from 1766 to 1859, page 744 and his volume containing the "History of Medicine and of Medical Men in New Jersey," 1879, are of incalculable value.

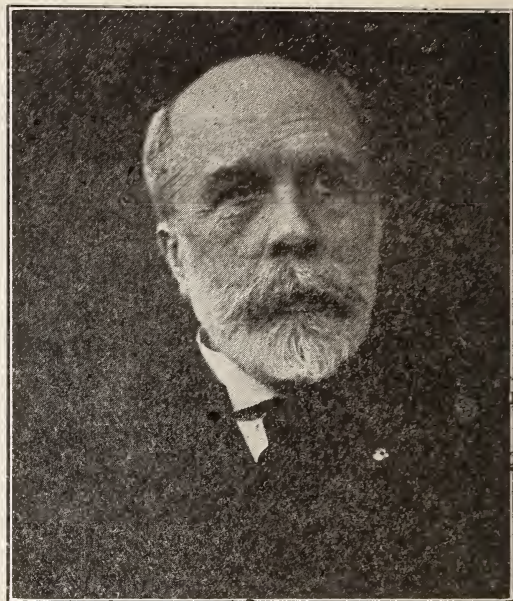
He was corresponding secretary of the Historical Society of New Jersey many years. Dr. G. H. Pennington said of him: "He was pre-eminently a Christian; and wherever he dwelt and whithersoever he went he adorned his profession."

#### CHARLES J. KIPP, M. D.

Dr. Kipp was born in Hanover, Germany, October 22, 1838. He came to this country in 1854; graduated from the College of Physicians and Surgeons, New York City, in 1861. He volunteered his services in defense of the Union and was appointed surgeon to the Fifth Regiment, N. G. N. Y., afterwards assistant surgeon, Third Battalion, U. S. Volunteers, and in 1864, surgeon of the Volunteers. Because of meritorious and faithful service on the field he was breveted lieutenant-colonel.

Beginning practice in Newark in 1869, he very soon held a leading position in medical circles. He organized the first eye and ear clinic at St. Michael's Hospital in 1870, and for 10 years was its head. He advocated the formation of the Society for the Relief of Widows and Orphans of Medical Men of New Jersey, which was incorporated in 1882; was elected its president and served until his death. He was consulting surgeon at the Newark Eye and Ear Infirmary from 1880 till his death; was president of the Medical Society of New Jersey in 1886, and subsequently was president of its Board of Trustees; from 1901 to 1906, was president of the board of managers of the N. J. Sanatorium for Tuberculous Diseases; was president of the American Otological Society in 1908 and vice-

president of the American Medical Association in 1909. He was also a member of the Ophthalmological Society of Heidelberg, Germany; the N. Y. Academy of



CHARLES J. KIPP, M. D.

Medicine and the N. Y. Pathological Society. He was connected with St. Barnabas, the German and Newark hospitals.

He made extensive contributions to our Society's programs and to medical literature generally; was one of the editors of The Archives of Otology. He rendered valuable service on our Society's Publication Committee. He was one of the ablest and most esteemed and beloved members and though he passed away on January 13, 1911, his loss is still keenly felt.

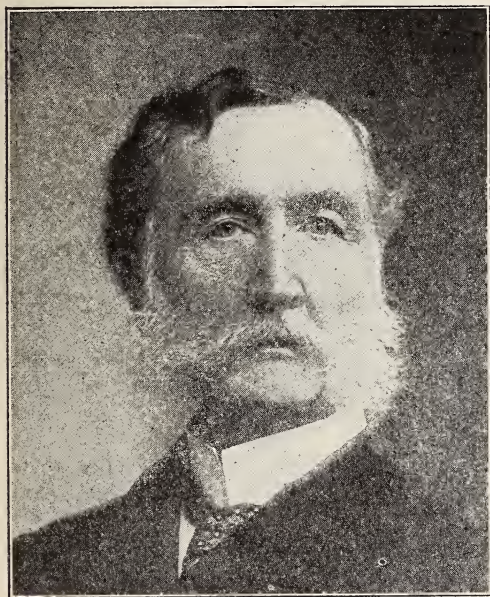
#### H. GENET TAYLOR, M. D.

Dr. Taylor was born July 6, 1837, at Charmantot, N. Y. He was the son of Dr. Othniel H. Taylor, one of the ablest physicians in Camden and was president of our State Society in 1852. Dr. Genet Taylor studied medicine with his father; graduated from the Medical Department of the University of Pennsylvania in 1860, and immediately began practice in Camden; he served in the Civil War from 1861 to March, 1864, when he resumed practice in Camden. In 1865, he was one of the founders of the Camden City Dispensary, served as secretary of its board of managers, 1874-1914; served as secretary of the Camden County Society 25 years; was elected president of the State Society, 1888, and in his presidential address the next



year recommended that the Society establish a monthly Journal in place of the annual volume of Transactions; his urgent appeals from year to year resulted in success and the first issue appeared in September,

he joined the Essex County Medical Society, was its president in 1865; he has been very active in the State Society, succeeded his father as its recording secretary and served consequently till 1897, when he



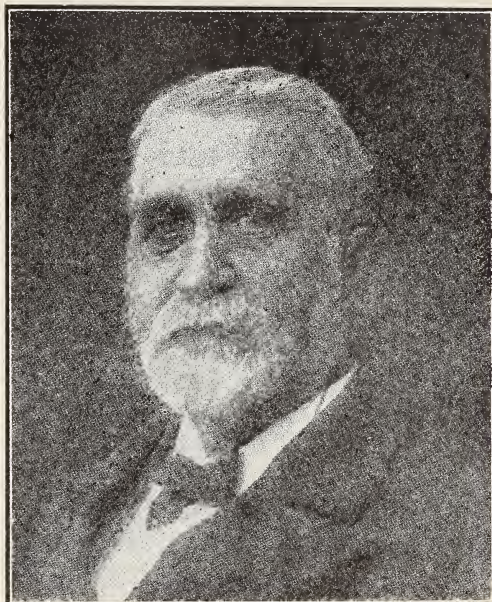
H. GENET TAYLOR, M. D.

ber, 1904. He took an active part in establishing the Cooper Hospital in Camden and was the first physician named as a member of the medical staff; was elected medical director in 1898 and served till his death on January 14, 1916.

#### WILLIAM PIERSON, JR., M. D.

It was stated in 1901, that that was "the first time in the history of the Essex County Medical Society since 1819 that there had not been the name of Dr. Pierson on the roll of its members, and the first time since 1830 that there had not been a Dr. Pierson, of Orange, serving as an officer of the New Jersey State Medical Society." It may be added that the Society has had no more worthy names or more faithful service than that of the Doctors Pierson.

Dr. William, Jr., was born in Orange, November 20, 1830, on the corner where his father, grandfather and great grandfather had their offices. He was educated principally at the Newark Academy; graduated in medicine in 1852 from the Medical Department of the University of the City of New York; served as house physician at Charity Hospital; house physician at the Brooklyn City Hospital; returned in 1853 to Orange and practiced with his father;



WILLIAM PIERSON, JR., M. D.

was appointed third vice-president in place of Dr. J. J. H. Love, deceased, and was elected president in 1900, only a few days before his death, which occurred June 12, 1900.

Dr. Pierson read many able papers before the Society. He was connected with many hospitals; was a member of many medical societies; he attended three International Congresses, two in Europe and one in this country. He had a very large practice, it is estimated that he attended over 5,000 labor cases; he was a very able surgeon but it is said that it was as a family physician he wielded the greatest influence.

#### JOHN P. HECHT, M. D.

Dr. Hecht was born at Easton, Pa., August 1, 1857. After an excellent preparatory education he entered Jefferson Medical College and graduated in the class of 1880; soon after he settled at Raritan, remaining there several years and then removed to Somerville, where he built up an extensive practice; he was a very active member of the Somerset County Medical Society, serving as its president and for many years was its efficient secretary. He was a member of many medical societies.

The Somerset Hospital profited greatly



by his interest in its affair; he was at the head of its medical staff for several years and was ever active in promoting the hospital's efficiency. His skill and judgment

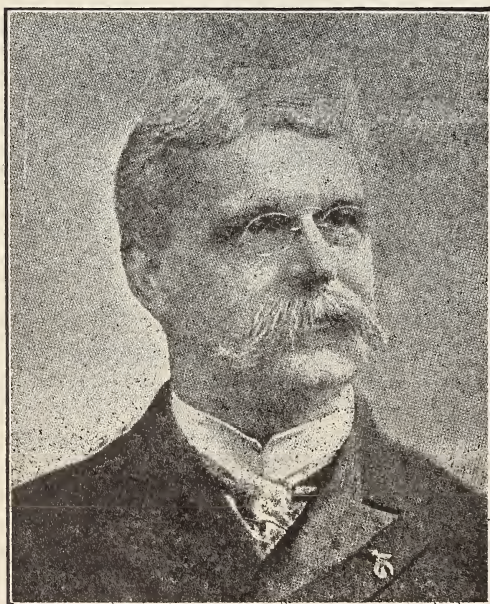


JOHN P. HECHT, M. D.

were much appreciated and we were often called in consultation by his professional brethren who esteemed him highly. He passed away February 12, 1912.

HENRY M. WEEKS, M. D.

Dr. Weeks was born in Irvington, Oc-



HENRY M. WEEKS, M. D.

tober 26, 1850; graduated from the medical

department of the N. Y. University in 1873; began practice in Newark; went to California for benefit of his health in 1875; returning in 1877, he practiced in Falsington till 1881, then moved to Trenton; in 1886, he started a private hospital; later he was instrumental in establishing a city dispensary and Mercer Hospital, of which he was one of the surgeons; he served two years on the staff of the State Hospital, Trenton. When the State Village for Epileptics was opened at Skillman, he was made its superintendent and served with conspicuous ability until 1907, when he resigned to take charge of the Eastern Pennsylvania State Institution for the Feeble-Minded and Epileptics at Spring City, Pa. He died December 16, 1909. He was the father of Dr. David F. Weeks, who succeeded him as superintendent of the Epileptic Village.



RICHARD R. ROGERS, Jr., M. D.

J. T. B. SKILLMAN, M. D.

Dr. Skillman was born at Three Mile Run March 10, 1794. Was educated at Basking Ridge Academy and Union College; he became principal of Hampton Sidney College Academy, prepared many young men for college entrance; soon returned home and began study of medicine with Dr. A. R. Taylor, of New Brunswick. He was licensed to practice November 8.



1825; settled at Woodbridge for three years, then to Rahway 2 years; persuaded to remove to New Brunswick, he soon built up an extensive practice and continued it for 30 years. He was punctitious in his observance of professional etiquette; abhorred empiricism; had little regard for the plaudits of man, he strove conscientiously to serve God and his fellow men.

He was faithful in his attendance at the State Medical Society, of which he was elected president in 1849. What most distinguished him was his moral and religious character; was an office-bearer in the First Reformed Dutch Church at New Brunswick many years, faithful in the discharge of duty there as in all the other positions in life. He died June 26, 1864, aged 70 years.

#### OFFICERS AND MEMBERS STILL LIVING.

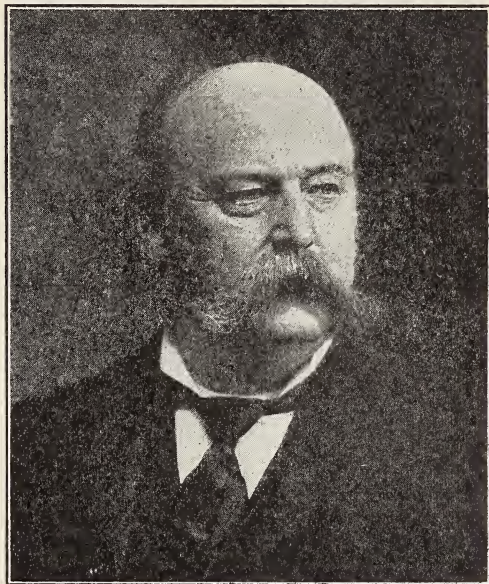
The living members from whom, or from whose friends, we have received photographs appear on the following pages, a few of those received came too late for insertion this month.



WILLIAM J. CHANDLER, M. D.

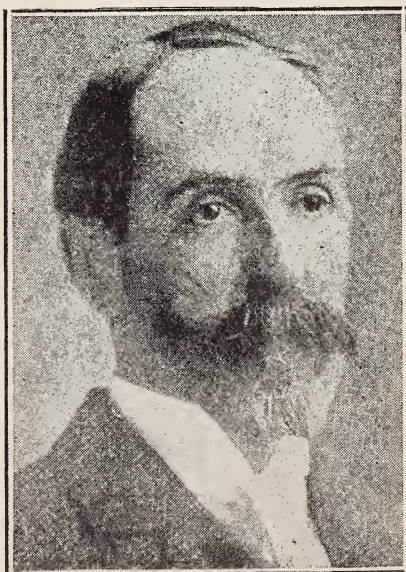
President of the Medical Society of New Jersey 1915-16; Secretary of the Society, 1897-1913; Chairman of the Pub. Committee, 1904-15.

Dr. Chandler has been one of the most faithful members and officers of our State Society; we congratulate him on being the presiding officer of this anniversary meeting.



OBADIAH H. SPROUL, M. D.

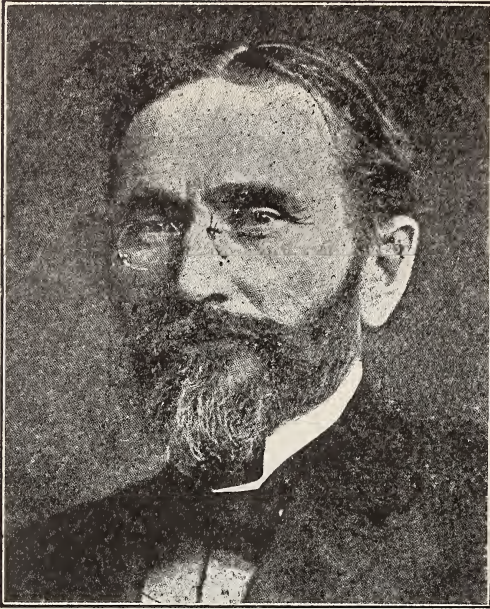
President of the State Society 1894-5.



CLAUDIUS R. P. FISHER, M. D.

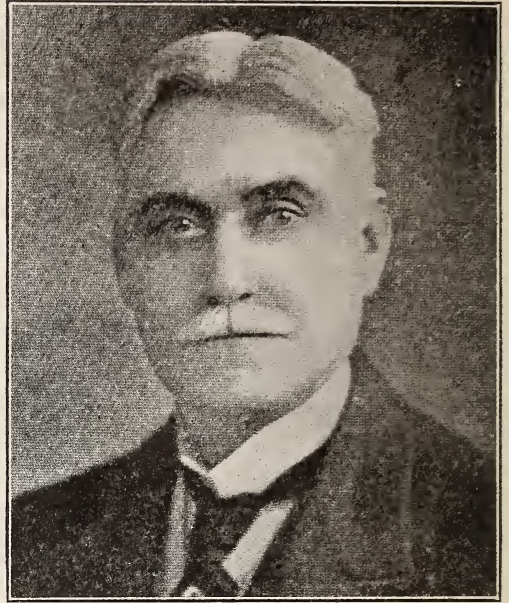
President of the State Society 1898-9; President of Somerset County Mosquito Extermination Commission.





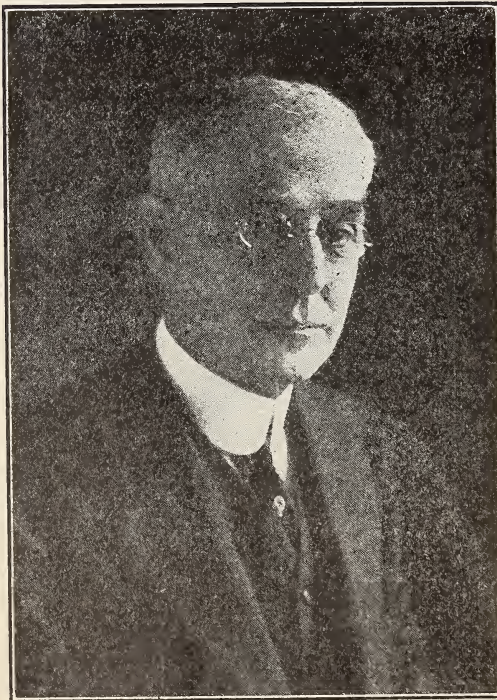
EDWARD J. ILL, M. D.

President of the State Society 1907-8; Chairman of the Finance and Publication Committees, Medical Director of St. Michael's Hospital, Newark.



NORTON L. WILSON, M. D.

President of the State Society 1912-13; Member of Several Medical Organizations.



THOMAS N. GRAY, M. D.

Recording Secretary of the State Society since June, 1912; Permanent Delegate State Society; Chief of Bureau of Tuberculosis, Newark Board of Health



WILLIAM E. RAMSAY, M. D.

Perth Amboy. He has been active in his county and State societies. In 1892 he was elected to represent Middlesex County in



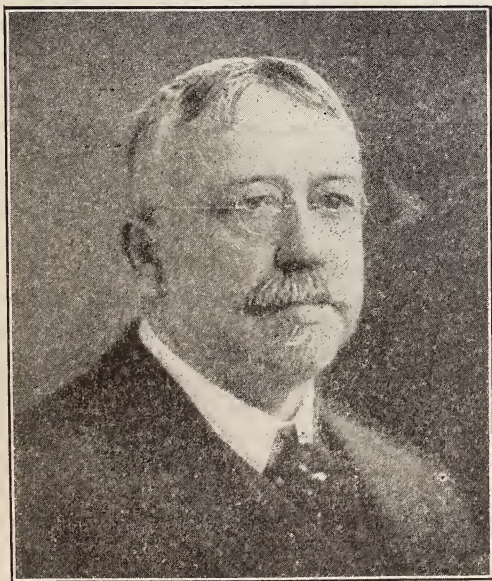
the State Senate and to his able leadership in that body during his three years' term, is largely due the enactment of wise laws affecting the raising of the standard of medical practice and the defeat of much proposed legislation that would have been detrimental alike to the profession and the public's welfare.

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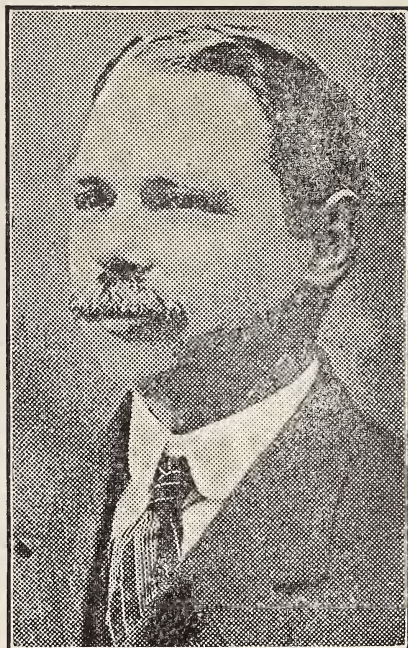


GEORGE H. PARKER, M. D.  
Medical Director of the Mercer Hospital,  
Trenton, N. J.

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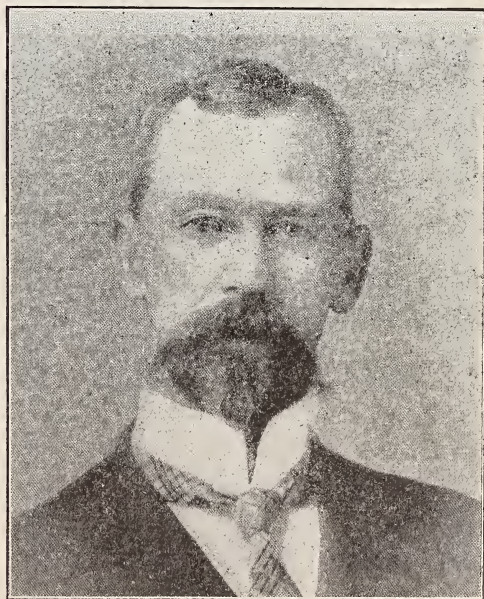


PAUL H. MARKLEY, M. D.  
Superintendent of the Sunny Rest Sanatorium,  
Ancora, N. J.



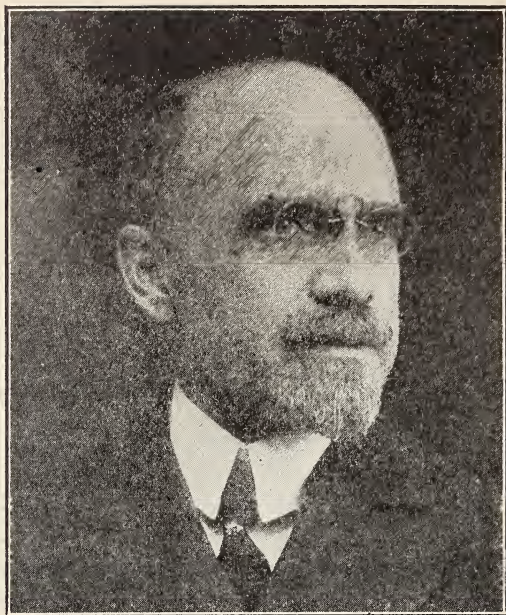
ARTHUR L. SMITH, M. D.  
Permanent Delegate of State Society; President  
of the Medical Staff of the Middlesex  
Hospital, New Brunswick.

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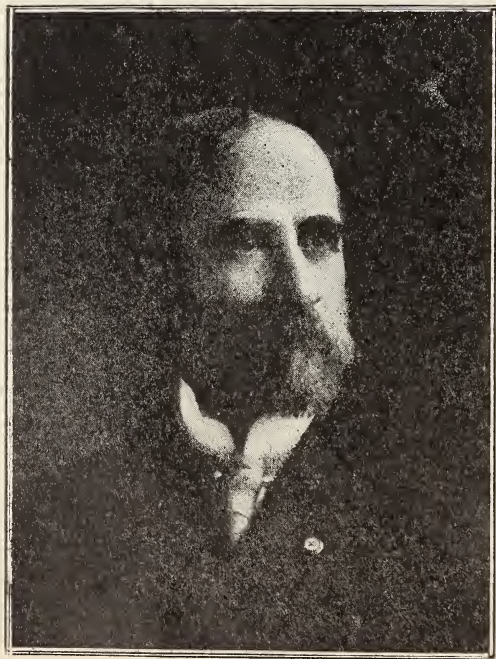
EDWIN FIELD, M. D.  
President of the Monmouth County Medical  
Society; Permanent Delegate since 1901;  
Medical Director of the Monmouth  
Memorial Hospital.





FRANK WILCOX PINNEO, M. D.

Reporter of the Essex County Medical Society;  
Secretary of the Essex County Pathological  
Society; Chairman of the Library  
Committee of the Academy of  
Medicine of Northern New  
Jersey.



ISAAC S. LONG, M. D.

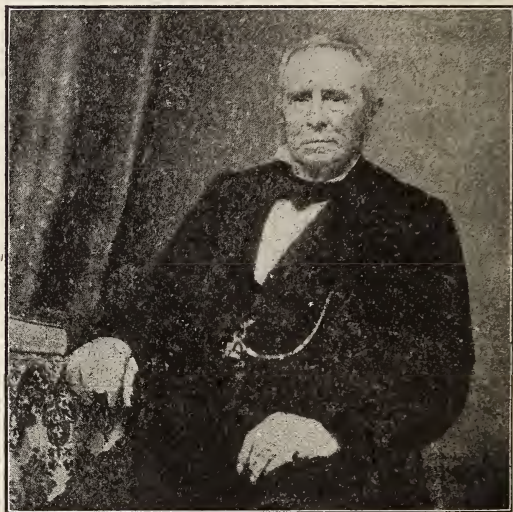
Celebrates this Year Fiftieth Anniversary of  
His Graduation from the University of  
Pennsylvania Medical Department.

## HISTORICAL SKETCHES.

Contributed by Mr. J. A. MacClary, historian, who is now directing the compilation for the "History of the Medical Society for One Hundred and Fifty Years." Some of these selections are very rare and valuable, and Mr. MacClary has very generously loaned them for this issue of our Journal.—Editor.

### JOHN MCKELWAY, M. D.

Dr. McKelway was born in Glasgow, Scotland, 1778; graduated at University of Edinburgh 1819 and came to Trenton, N. J., where he practiced over fifty years. He was a man of high character, iron will and



JOHN MCKELWAY, M. D.

whatever he undertook he accomplished, the word failure was not in his vocabulary as his face indicates. He was pleasant and agreeable in manner and enjoyed among his intimate friends many of the great men of America.

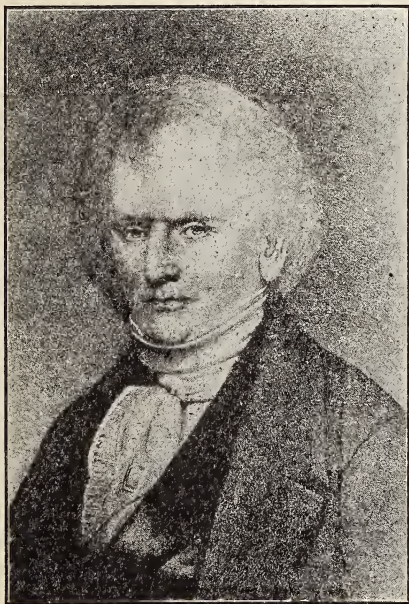
In 1835, when the Raritan Canal was being dug, an epidemic of cholera broke out in Trenton and scores were dying. There were only six physicians and they made desperate efforts to check the scourge; Dr. McKelway as the senior practitioner called the six together and said: "We have a very hard problem, the afflicted will die so we must act from the basis of 'kill or cure' and my decision is to visit every sick room and dose each patient with twenty grains of calomel." The treatment worked; most of the patients were saved and the cholera was stamped out.



Dr. McKelway was father of Dr. Alex. T. McKelway and Rev. J. R. McKelway and grandfather of St. Clair McKelway, LL. D., of the Brooklyn Eagle. The doctor died at Trenton in 1877.

NATHAN W. COLE, M. D.

Dr. Cole was one of the five founders



NATHAN W. COLE, M. D.

and charter members of the Burlington County Medical Society in 1829. He practiced in Mt. Holly, N. J., subsequent to graduation in medicine all his life; he was a conservative, austere practitioner, but very kind and just, and very proud of his profession.

WILLIAM AUGUSTUS NEWELL, M. D.

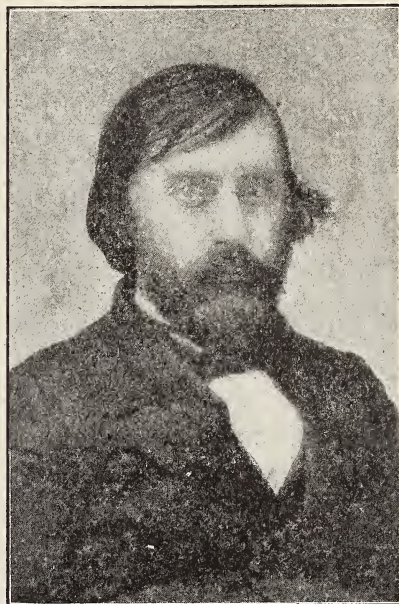
Dr. Newell was born September 5, 1817; graduated from Rutgers College 1836 and University of Pennsylvania Medical College 1839.

Dr. Newell was a member of the 30th and 31st Congresses, 1847-1851, and while in Congress was attending physician to John Quincy Adams during his illness; family physician of President Lincoln and a New Jersey representative at the funerals of both Presidents. He was elected governor of New Jersey and served for the term 1858-1861.

He was a frequent visitor to the seashore and being earnest in working out some means of life-saving along the coast of New Jersey, he reached the crowning efforts of his life—the Government establishment of

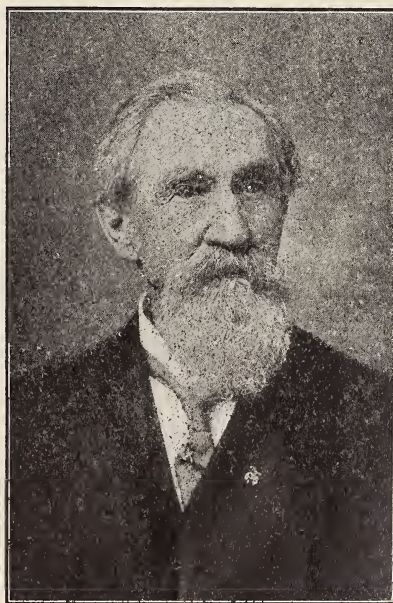
life-saving stations along the New Jersey coast, of which he served as superintendent from 1861 to 1864.

Dr. Newell also served as Governor of Washington Territory, 1880-1884, and as



WILLIAM AUGUSTUS NEWELL, M. D.

United States Indian Inspector 1884-1886. He died in 1901 at Allentown, N. J., at the age of 85 years. His wife was a daughter of Dr. William Van Deursen, a very able physician of New Brunswick, N. J.



RICHARD R. ROGERS, SR., M. D.



### RICHARD R. ROGERS, SR., M. D.

Dr. Rogers was born September 15, 1823, on a farm in Mercer County. He had a good education; in 1850 was postmaster at Edinburgh; two years later was elected surrogate of Mercer County for a five years' term and re-elected in 1857. He then studied medicine and graduated from the University of Pennsylvania Medical Department, and began practice in Trenton. In 1872, he served a term in the Legislature; served six years as a member of the City Council. He took an active interest in the county and State medical societies; was elected a Permanent Delegate of the latter in 1895. He practiced medicine for more than 50 years and was universally esteemed. He was a member of the Third Presbyterian Church, Trenton, over sixty years. He died in Trenton January 14, 1915.



### "THE OLD DOCTOR."

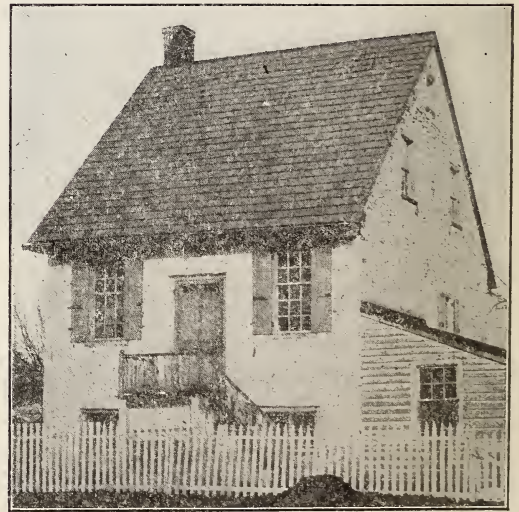
One Hundred and Fifty years ago, when the now common Telegraph, Telephone, Locomotive, Trolley and Automobile were not even a dream, the Old Doctor was humanity's faithful servant.

When the storms were bleak and the roads impassable.

He rode his gray mare  
With saddle-bags filled  
With potions and syrups,  
Where they couldn't be broken  
And couldn't be spilled.

In fair weather days  
With his gray mare and shay,  
With delicate lotions,  
Miraculous potions  
And rhubarb and senna,  
And syrup of squills  
To seek out your ills.

If perchance he thinks  
You may likely grow wane,  
Unless you will chance it,  
With his old pocket lancet  
He will bleed your full veins,  
But not your lean purse.



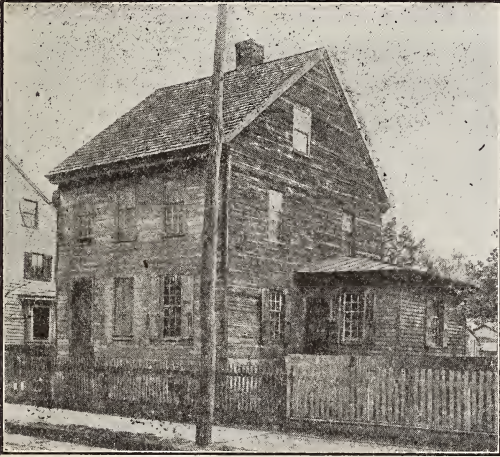
### "THE BOND HOUSE."

This house in Greenwich, N. J.—"The Old Bond House," as it is called, because of its quaintness of architecture and the oddity of its owner and one-time occupant—Dr. Levi Bond—who was very tall and spare and wore high boots all his life.

Dr. Bond never went to church, but was regarded as a Seventh-day Baptist, as he closed his shutters every Saturday and sus-



pending all business and professional service. He was a man of high character and integrity; he regarded interest money as usury, but gladly loaned money to those whom he could trust. In a proposal of marriage, he opened his door, invited a lady to come in, saying he wished to see her and, on entering, he asked her point blank to marry him, which so startled the lady that she made a quick exit. He lived to the ripe age of 93.



JONATHAN ELMER HOUSE.

This house at Bridgeton, N. J., is the only mark of evidence of the once distinguished Jonathan Elmer, M. D. It was built about 1750 on West Broad street where the doctor practiced very many years. It was subsequently moved to Cedar street, where it still stands. Its colonial aspect is the weather-beaten cedar clapboards, the hand-made wrought-iron nails and small window panes.

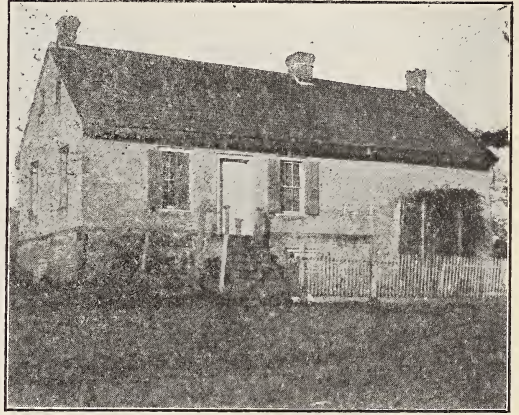
Jonathan Elmer was the first in line of the Elmer family of medical practitioners who have served through five generations. Jonathan was born at Cedarville, Cumberland County, November 29, 1745, and died September 3, 1817. He graduated from the University of Pennsylvania; practiced at Bridgeton; was a delegate to the Provincial Congress; member of the National Congress prior and subsequent to the Declaration of Independence; member of the New Jersey Legislature; Presiding Judge of the Court of Common Pleas; United States Senator in 1788, and Ruling Elder of the Presbyterian Church of Bridgeton.

DR. LEWIS HOWELL HOUSE.

This house is located in Shiloh, N. J. It

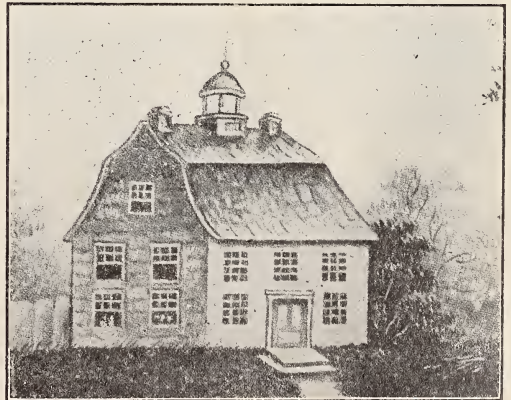
is famous as a colonial relic; the home of one of the tea-burners of Cumberland—a patriot under General Washington at the Battle of Monmouth.

Dr. Howell was a pupil of Dr. Jonathan Elmer and on completing his studies, General Washington appointed him surgeon of the Second Battalion, November 28, 1776. He was taken prisoner at the battle of Brandywine, but escaped and rejoined Washington's army of 13,000 men in pursuing Sir Henry Clinton's army on their retreat. Dr. Howell was taken seriously ill with cholera morbus and died at the Black



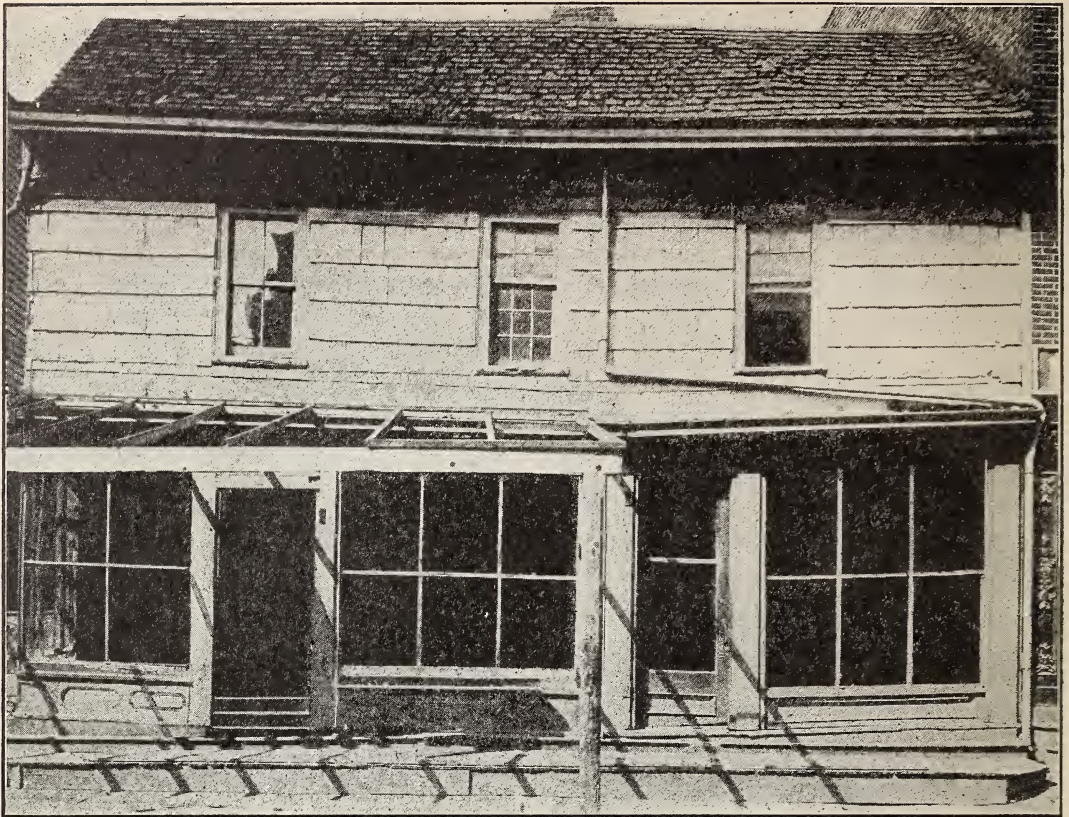
Horse Tavern near Bordentown on June 28, 1778—the day of the battle of Monmouth.

Richard Howell, twin brother of the doctor, who was elected governor in 1783, lived in this same house.



The above picture is that of the old Court House at Freehold, N. J. It was used as a hospital at the Battle of Monmouth, June 28, 1778.





"OLD DOCTORS' HOUSE."

This old relic at Rahway, N. J., of colonial days, probably holds more history as a domicile for medical practitioners than any other house in the United States. It was built about 1720 and was occupied by practitioners for one hundred and eighteen years, consequently (three of whom were of the fourteen founders of our State Society in 1766, namely, Drs. Stephen Camp, John Morgan and Lewis Morgan), and through the march of time and evolution this landmark has been desecrated by the cobbler, the meat and fish monger.

Dr. Stephen Camp, a graduate of Princeton, 1756, went there with his bride, Hester Birt, daughter of a British army officer, to make his home. At Dr. Camp's death in 1775, he was succeeded by his brother-in-law, Dr. John Griffin, who, at his death, was succeeded by Dr. Lewis Morgan in 1803, and at Dr. Morgan's death in 1831 by Dr. Samuel Abernethy, who practiced there until 1874.

Drs. Walter E. Cladek and John J. Daly, subsequent practitioners of Rahway, studied medicine there with the renowned Dr. Abernethy in the early days of their medical studies, both of whom subsequently

graduated from the Bellevue Medical College. Dr. Cladek—one of the deans of the Union County Medical Society bears the distinction of being the last living member of that unbroken line of physician occupants of this noted "Old Doctors' House."

#### JAMES T. CALHOUN, M. D.

Dr. Calhoun practiced at Rahway, N. J.

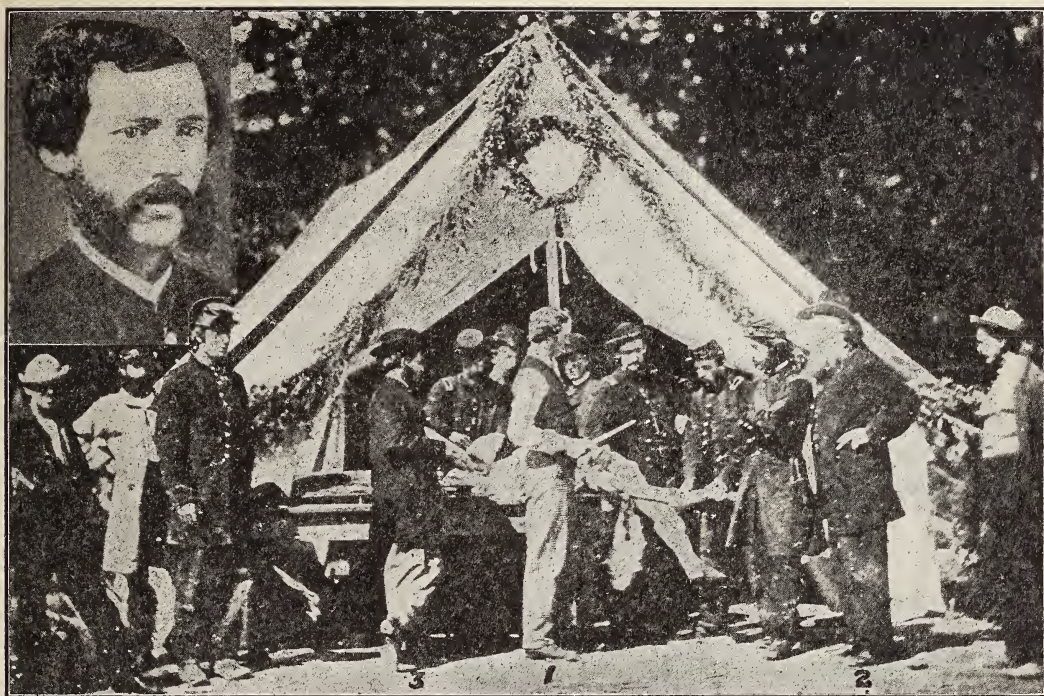
The scene which we give on the next page:

Amputation of General Daniel A. Sickles' leg; Field Hospital, Gettysburg; Pa., July 3, 1863. (1) Dr. Calhoun operating surgeon; (2) Dr. Winslow; (3) Dr. Stone, anesthetizing.

When General Sickles was being removed from the battlefield to the Field Hospital he said: "Place a guard around me, send for Calhoun and don't let anyone operate till Calhoun arrives."

Dr. Calhoun was one of the men in that great conflict and in the medical profession of whom too much could be said and all that has been said has been in keeping with his high standing and sterling qualities. He was a true man, of great executive ability and an able surgeon.





He graduated from the University of Pennsylvania in 1859, and after practicing in Rahway two years, when he became assistant volunteer surgeon of the 74th N. Y. Regiment. After rapid promotion he became medical director of the Third Army Corps and served as director of hospitals and operating surgeon under ten major generals on some of the most noted battle-fields.

Col. A. N. Dougherty, M. D., said of him: "Notwithstanding his duties in the field, he found time to devote to professional literature the results of his observations and experiences, and that while at Brandy Station he organized a Division Medical Society."

After Gettysburg he served in various capacities in the direction of hospitals, transferring to the Ward U. S. A. General Hospital, Hart's Island. On July 6th cholera broke out and increased at a fearful rate; on the morning of the 19th it was found that sixty-eight had died during the night, but as a true soldier Dr. Calhoun stood in the faithful discharge of duty, and was stricken with the dread malady and died at twelve o'clock that night.

He had written his mother the day before that he had no fears, but if the worst came to the worst, he would "die with his harness on." That afternoon General Doubleday went to his room, and taking his hand, Dr. Calhoun said: "General, I hope I have done

my duty; it is a great consolation to me to know that I shall die at my post," when the General replied: "Calhoun, you have done more than your duty; nobly and bravely you have sacrificed your life, and like a soldier you will indeed die at your post."

On the day of the funeral General Grant ordered two companies from Governors Island and the band from Fort Columbus as a guard of honor, and flags at half-mast at Hart's Island. He was buried in Hazelwood Cemetery, Rahway, in which city the flags were at half-mast and business was entirely suspended.

#### DR. PITNEY'S LIGHTHOUSE.

Jonathan Pitney, M. D., was born at Mendham, Morris County, October 29, 1797. He was of a splendid type of manhood and spent one of the most useful lives that ever graced the medical profession. It has been said that Atlantic City and the grand old lighthouse there are his monuments.

He graduated from Columbia College, New York, in 1818, and after serving two years in the hospital on Staten Island, he migrated by horseback to Absecon—one hundred miles away. He settled there and enjoyed a large practice and had the fullest confidence of the people. His professional trips often took him among the sand doans along the shore; the sight of many shipwrecks and the appeals of captains and





## CUMBERLAND COUNTY MEDICAL PROFESSION.

The picture below was made in 1860 and is the oldest and most interesting photograph of old-time practitioners ever made, for through their veins coursed some of the best blood of New Jersey. The prominence of boots, beards and broadcloth is noticeable. Three of them are Fellows of our State Society, viz.: Drs. William Elmer, Sr., 1860; Benjamin Rush Bateman, 1866, and William Elmer, Jr., 1895.

The Cumberland County Society was established in 1818; all of its members have passed away but Dr. T. H. Tomlinson, who is still in practice at Plainfield, N. J., who has served fifty-eight years.

Their names from left to right, standing: Ephraim Bateman, Charles C. Phillips, Joseph Shepard, J. Barron Potter, Thomas E. Statham, Elie E. Bateman, William Elmer, Jr., Charles Butcher and George E. Butcher. Seated: Robert M. Bateman, Thomas H. Tomlinson, Stetson L. Bacon, Samuel Cattell, George E. Tomlinson, Enoch B. Fithian, Robert W. Elmer, William Elmer, Sr., and Benjamin Rush Bateman.

### EVENING.

I know the night is near at hand,  
The mists lie low on hill and bay;  
The autumn sheaves are dewless dry,  
But I have had the day.

Yes, I have had, dear Lord, the day,  
When at Thy call I have the night;  
Brief be the twilight as I pass  
From light to dark, from dark to light.

—S. WIER MITCHELL.

masters of vessels to do something to light the great expanse of shore, emphasized by the great loss of the Powhattan with its 311 souls caused him to lead a march on Congress, and he never stopped the fight until an appropriation was granted and the Absecon Lighthouse was built in 1854 at a cost of \$52,000; 167 feet high, can be seen eighteen miles out at sea. Dr. Pitney and Gen. Enoch Doughty were instrumental in securing the railroad from Camden to the Atlantic in 1854.

Dr. Jonathan Pitney was an ancestor of Mahlon Pitney, Chief Justice of the U. S. Supreme Court.





## OUR STATE INSTITUTIONS.

The review of the history of the Medical Society of New Jersey would be very incomplete and faulty that omitted reference to its deep concern and continuous efforts for the proper care and treatment of our State's defective classes and for the adoption of measures to lessen the number of defectives, if not to prevent defectivism in the future.

Dr. Lyndon A. Smith, president of the State Society in 1838, in his annual address, advocated the founding of a State Lunatic Asylum. It is a cause of deep regret that his address is not on file among the Society's papers. He was the first to bring before the medical profession and the citizens of New Jersey the necessity for such an institution and he became one of the most active agents in securing the State Asylum at Trenton. In an old diary of the doctor's, the following minute was found and placed in the hands of Dr. Stephen Wickes, who gives it the Transactions of 1766-1859, page 338.

"In the year 1837, in an address which, as president, Dr. Smith made to the Medical Society of New Jersey on the subject of Insanity, he urged the importance of a State Lunatic Asylum, and, at his suggestion, a committee was appointed to memorialize the Legislature on the subject. At its next session, the Legislature made an appropriation of five hundred dollars for the object of obtaining information, and authorized the Governor to appoint 'one or more competent persons to ascertain the number, age, sex and condition of the lunatics of the State; the best and most effectual means for their relief, and if in their opinion the erection of an asylum be the best remedy, then to ascertain the necessary cost of such an institution, the best location for the same, together with all such facts as may be necessary to lay the foundation for definite action, and to report to the next Legislature.' Accordingly, the Governor appointed five persons, selected from different parts of the State, to perform the duty, of whom Dr. Smith was one. The Commissioners met at Newark, April 12, 1839, and organized themselves into a board, and appointed Hon. Lewis Condict, chairman, and Dr. Smith, secretary. In pursuance of the object, the chairman and secretary visited, as a deputation from the Board, the deffren institutions for lunatics in New England and New York, and made report of their arrangement, cost and in-

ternal police. These facts, together with the number of insane in the State, were reported to the Legislature by the board, at its next session, which report was accepted, printed and disseminated through the State, and it is thought it will be the means of the founding an Asylum, as, in the opinion of the Commissioners, this is the only effectual means of alleviating their condition."

In 1845 an act establishing the New Jersey Lunatic Asylum was passed by the Legislature. In 1854 the society appointed a committee to memorialize the Legislature for the enlargement of the asylum.

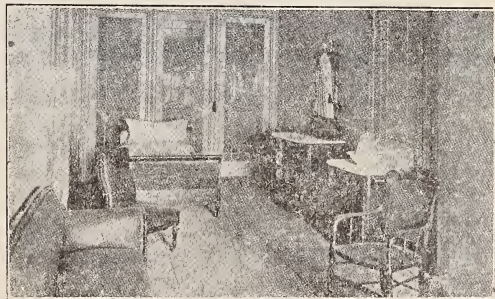
Subsequently—in 1870-71—the Society took action and after much strenuous work succeeded in securing the passage of a satisfactory bill by the Legislature appointing a Commission to select a site and build an additional asylum and as a result we have the beautifully located and well equipped asylum at Morris Plains.

## BRIEF HISTORY OF THE STATE HOSPITAL AT TRENTON.

BY HENRY A. COTTON, M. D.,

In 1839 a joint resolution passed the Legislature authorizing Governor Pennington to appoint commissioners to collect information in regard to the number and condition of the insane in the State, and if an asylum was deemed necessary to ascertain the best locality for the same, the cost of its erection, etc. The members of this commission were Drs. Lyndon A. Smith, of Newark; Lewis Condict, of Morristown; A. F. Taylor, of New Brunswick; C. C. McChesney, of Trenton, and L. Q. C. Elmer, of Cumberland County.

In 1844 Miss Dorothy L. Dix, of Massachusetts, memorialized the Legislature as to the condition of the insane in the State and the same year the Legislature appointed a commission for selecting a suitable site and appropriated the sum of \$10,000 to pay for



Miss Dorothy L. Dix's Room.

the same and \$25,000 for the erection of the building. Dr. H. A. Buttolph was the first superintendent. In all \$153,861 was appropriated which included the original cost of farms, erection of buildings, furniture, etc.

The building was opened for the admission of patients the 15th of May, 1848, and during the first year 114 persons were admitted. Dr. Buttolph remained superintendent from the opening of the hospital until April 1, 1886, at which time he was elected superintendent of the new State Hospital at Morris Plains. Dr. John W. Ward, who had been a member of the medical staff since May, 1867, was appointed to fill the vacancy occasioned by the resignation of Dr. Buttolph.

By an act of the Legislature, approved March 11, 1893, the administration of the hospital was divided into a medical and business department and the superintendent was made medical director. John W. Early was elected warden. Dr. John W. Ward remained medical director until 1907 when he retired, and Henry A. Cotton, M. D., was appointed to fill the vacancy and Samuel T. Atchley, warden.

Previous to 1907 the hospital had been conducted along traditional lines which were in accordance with the methods used in most of the hospitals in that time. Since 1907 the daily average number of patients has increased from 1,175 to 1,650 at the present time. The private patients have also increased from about 70 in 1907 to 154 in 1916.

The year of 1907 marks a distinct change in the policy of the Board of Managers of the institution. Committees visited various other hospitals and the new administration was authorized to reorganize the hospital in accordance with modern ideas. A definite program was adopted which has been continued to the present time. The use of mechanical restraint in all forms was abolished and no patient has been restrained since January 1, 1908. The records were changed from case books to envelop system. Daily staff meetings are held at which all new cases are presented. The laboratory which had been built in 1896 was reorganized with Dr. Frederick S. Hammond, pathologist, and systematic research work was inaugurated which has lent much assistance in studying the causes and nature of mental diseases.

The Legislature was appealed to for funds and they responded liberally. In the last nine years they have averaged over \$100,000 per year for improvements. A

modern system of plumbing was installed at a cost of \$100,000. Many of the wards were remodelled in order to furnish more light and air. Two open air buildings for tubercular patients were built. In 1913 the Legislature appropriated \$110,000 for a detention building for the criminal insane. This was sufficient to construct one wing of the building. Later \$50,000 was appropriated for a center building which is nearly completed, and the 1916 session of the Legislature appropriated \$110,000 for another wing. When this building is completed it will accommodate all the criminal insane of the State. The new psychopathic building for the female patients is now being erected at a cost of \$60,000. It is planned to have a similar building for the male patients.

In 1915 the cost of maintaining the hospital was \$426,557 and in 1916 the Legislature appropriated \$161,000 for extraordinary improvements, including \$110,000 for the wing of the criminal insane building.

Board of Managers—Luther M. Halsey, M. D., president, Williamstown; Arthur D. Forst, vice-president, Trenton; Stewart Paton, M. D., Princeton; Joseph Raycroft, M. D., Princeton; Alfred L. Ellis, M. D., Metuchen; George T. Tracy, M. D., Beverly; Joseph H. Moore, Hopewell; William L. Black, Hammonton.

Resident Officers, Medical Department—Henry A. Cotton, M. D., medical director; Edgar B. Funkhouser, M. D., first assistant physician; Clarence B. Farrar, M. D., second assistant physician; Frederick S. Hammond, M. D., third assistant physician and pathologist; Lilla Ridout, M. D., woman physician; W. W. Stevenson, M. D., clinical pathologist; John A. Flood, D. D. S., resident dentist; Joseph L. Gariss, M. D., fourth assistant physician and roentgenologist; P. B. Means, M. D., fifth assistant physician; James P. Sands, M. D., interne.

Business Department—Samuel T. Atchley, warden.

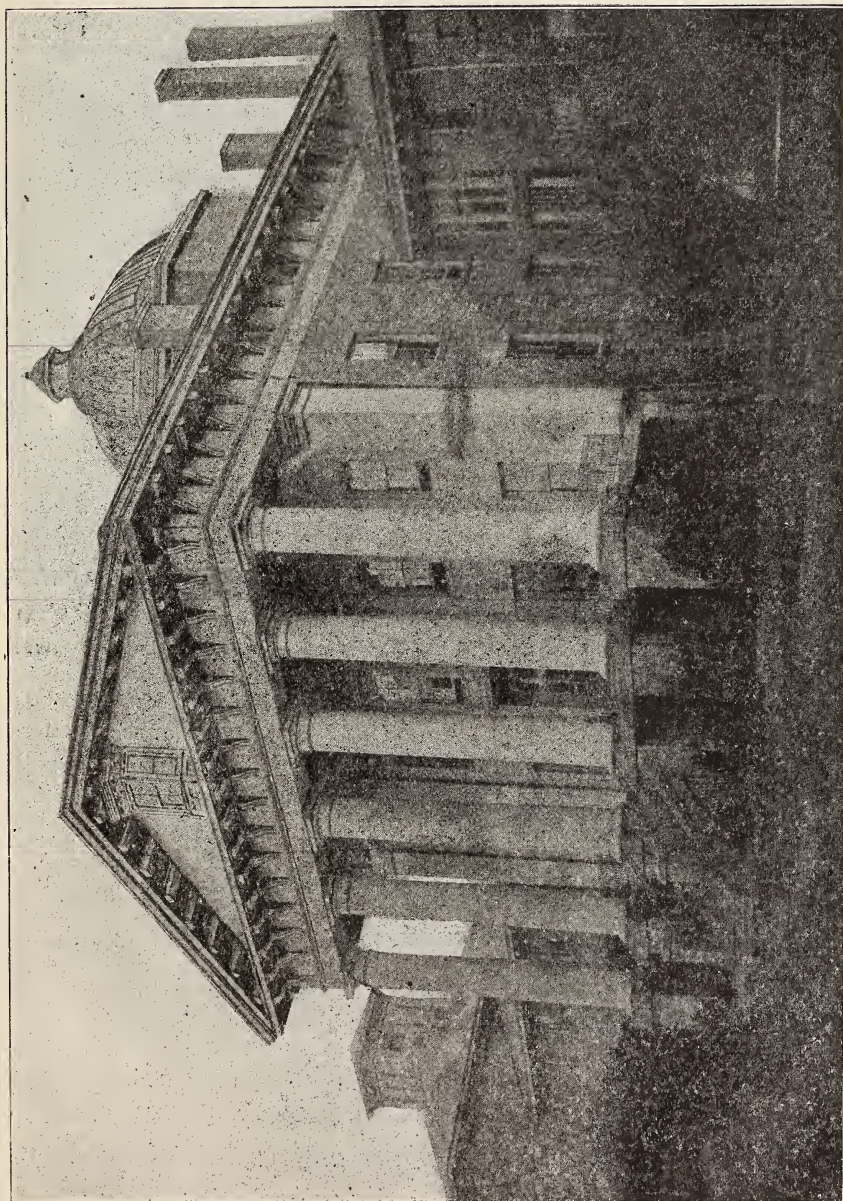
(For cuts of this Institution see pages 305, 306).

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We are glad to be able to give our readers the picture of these three able medical directors.

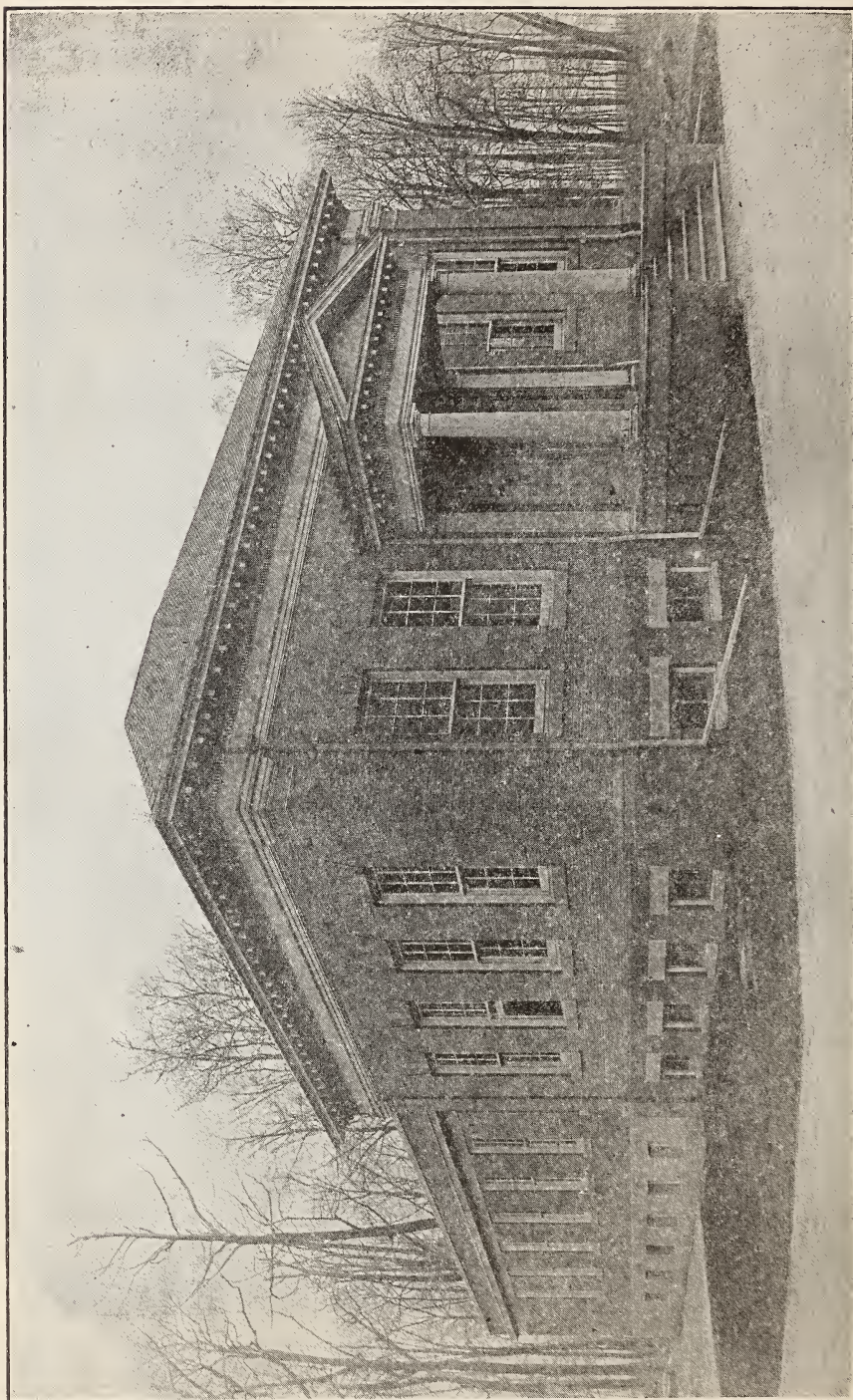
They and those of the Morris Plains Hospital have placed these hospitals among the best in the country and they are reflecting great credit on the State of New Jersey in its caring for the insane.





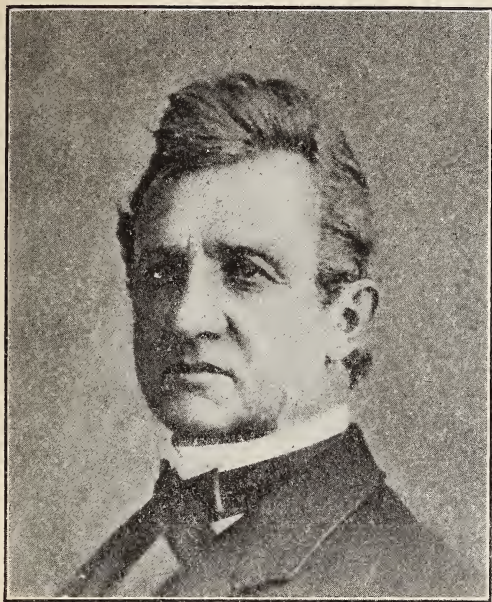
The State Hospital for the Insane, Trenton, N. J.





State Hospital Laboratory, Trenton.





H. A. BUTTOLPH, M. D.

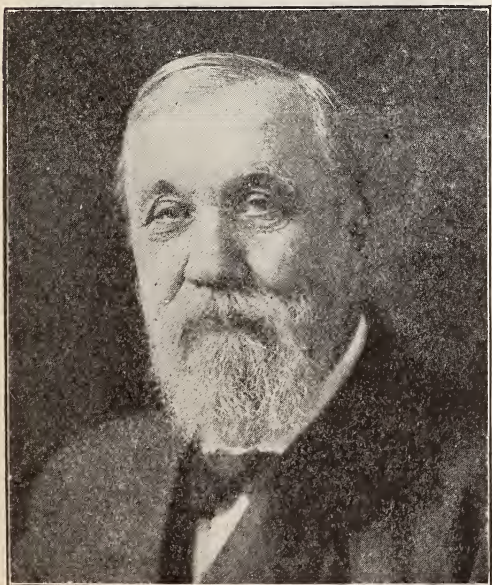
Dr. H. A. Buttolph was the first medical director of this hospital, having resigned a similar position in the State Hospital at Trenton. See his picture on page 307.



HENRY A. COTTON, M. D.

## BRIEF HISTORY OF THE STATE HOSPITAL AT MORRIS PLAINS.

BY E. MOORE FISHER, M. D.



JOHN W. WARD, M. D.

Dr. Ward was president of the State Society for the year 1887-8; is chairman of the Board of Trustees.

On March 31, 1871, an act was approved which is entitled, "An Act to Provide Additional Accommodation for the Insane of the State." In the first paragraph of this act provision was made for the commissioners to select a site and build an asylum for the insane of this State. An appropriation of \$150,000 was made at this time for these commissioners to commence work with. The original land that was bought consisted of 408 acres which cost \$78,732.36. The amount of land now embraced in the hospital property is 897 acres which represent a total cost of \$111,050. The original building known as the main building cost \$2,511,622.

I have not been able to find the first annual appropriation for the maintenance of the institution which I gather is meant by your question, but the appropriation for the fiscal year ending October 31, 1915, was: For annual expenses, \$417,600, and a supplemental amount of \$15,380, a total of \$432,980; this amount included besides the cost of maintenance and salaries a good deal for new buildings, improvements and new equipment.



In reply to your other question I will answer them to date October 31, 1915, which is the end of the hospital year and for which we have records. To obtain these to January 1, 1916, as you ask, would entail a large amount of work and I do not think could be completed inside of a month.

The original capacity of the building first opened was 800. We have now accommodation for 1,800. The present patient census is 2,704. On October 31, 1915, there were 2,669. To that date there had been admitted since the opening of the institution on August 17, 1876, 6,604 men and 6,193 women, a total of 12,737. Whole number discharged during the same period of time:

	Men	Women	Total
Recovered ....	1,453	1,456	2,909
Improved .....	1,072	1,242	2,314
Unimproved ..	389	359	748
Died .....	2,322	1,801	4,123
Eloped .....	31	..	31
Not insane ...	2	1	3

Total ... 5,269      4,859      10,128

I am unable to state how the patient's have been maintained since the opening of the institution, but the following is copied from the last annual report up to the same date as the other statistics given above:

Class	Men	Women	Total
Indigent .....	729	781	1,510
State Indigent.	426	393	819
Private .....	100	148	248
Convict .....	61	6	67
Criminal .....	19	6	25

Total .... 1,335      1,334      2,669

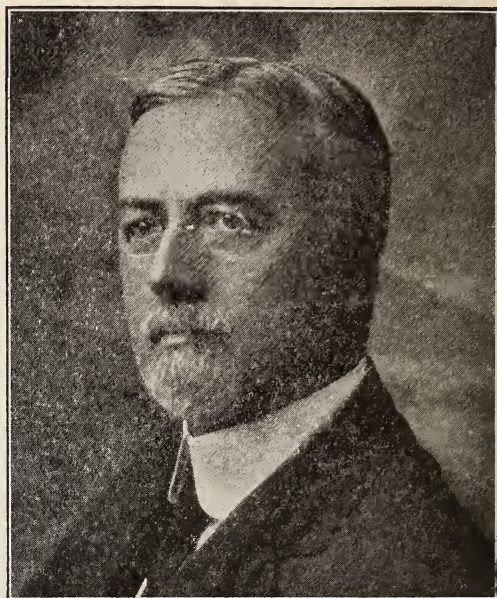
For cuts of this Institution see page..

Like a lone sculler, one poor doctor plies  
With all his skill, and all his physic tries;  
But two physicians, like a pair of oars  
Will waft him swiftly to the stygian shores.

But when three healers with learned feelers  
On pulses moriband, their digits clutch,  
Shades still unbarried, by chances ferried,  
The speediest passage is granted such.

—SHARPE.

For cut of the Administration Building, also of one of the hospital corridors (showing cots therein made necessary because of overcrowding of the hospital—nearly 1,000 beyond its proper number), see next page.



H. CRITTENDEN HARRIS, M. D.  
Glen Ridge, N. J.

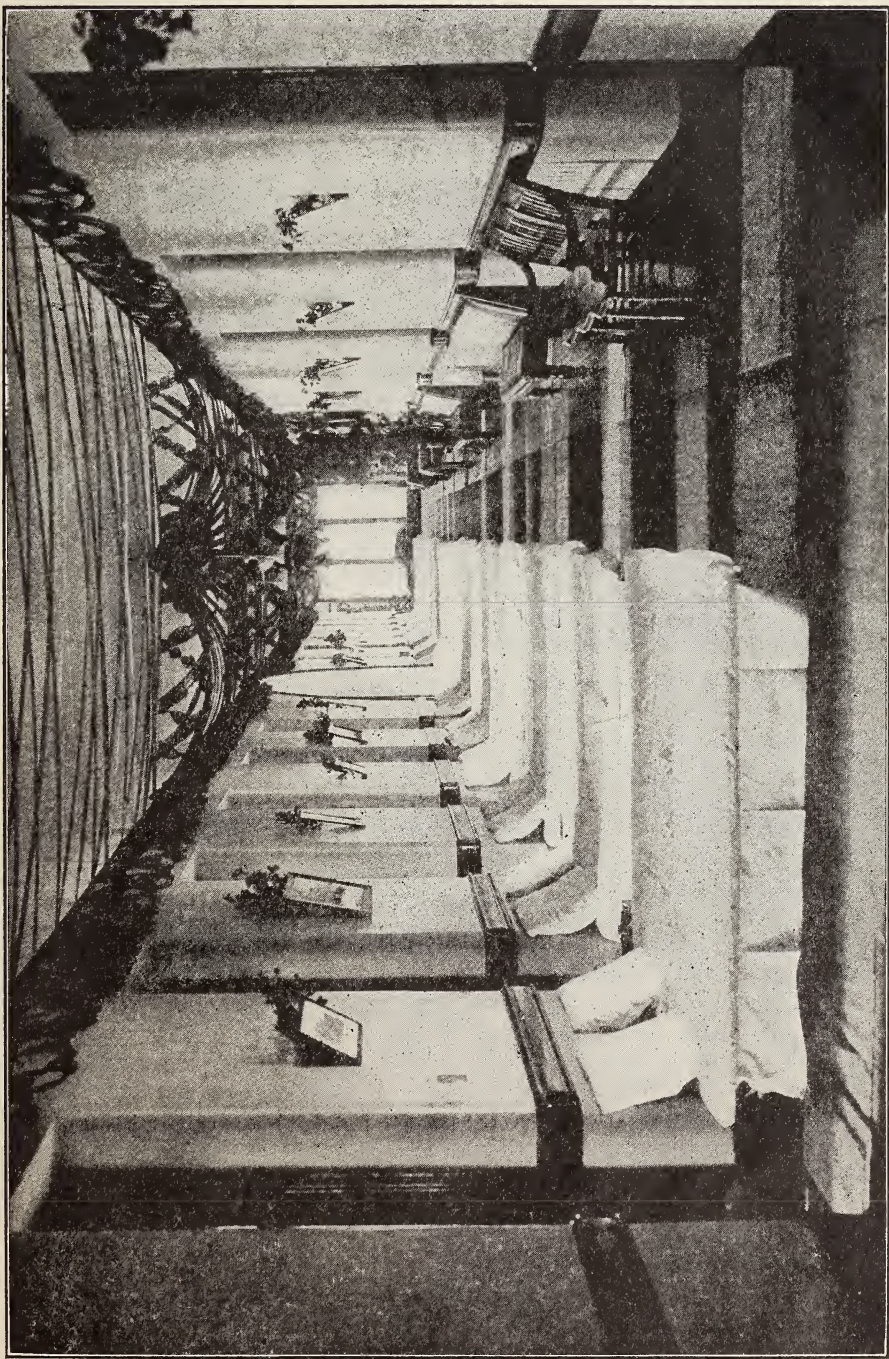
Dr. H. Crittenden Harris was the second medical director.



BRITTON D. EVANS, M. D.  
Present Medical Director.

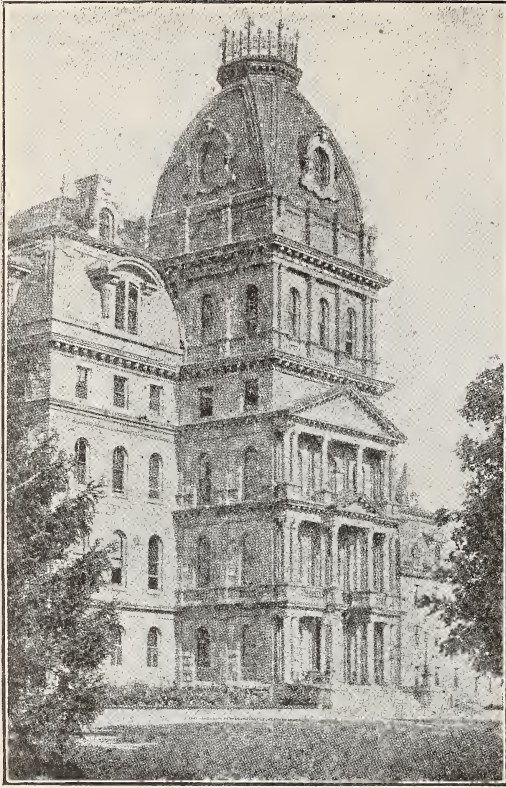
On the resignation of Dr. Harris, Dr. Britton D. Evans was appointed medical director and still serves as such.





Corridor in the State Hospital Building, Morris Plains. Overcrowding Requiring Cots.





Administration Building, State Hospital,  
Morris Plains.

### NEW JERSEY STATE VILLAGE FOR EPILEPTICS, SKILLMAN, N. J.

The first official step toward special care and treatment of the epileptic in New Jersey was taken in February, 1877, by Dr. John W. Ward, superintendent of the N. J. State Hospital at Trenton, when application was made to Legislature for an appropriation for a separate building in which to care for the epileptics without success; again in 1884 the Appropriations Committee was urged to make such provision. Others urged the establishment of "The Village," at Skillman. An act creating the institution was signed by Acting Governor Voorhees March 26, 1898, and "The Village" opened on November 1st of that year. The grounds consisting of a little less than 800 (now 1,005 acres), was located at Skillman station, P. & R. R. R., Somerset County.

A school was opened in the institution November 4, 1906—the first school established in the State for the exclusive instruction of the epileptic. It has now 11 teachers, 2 kindergartens, one for primary and

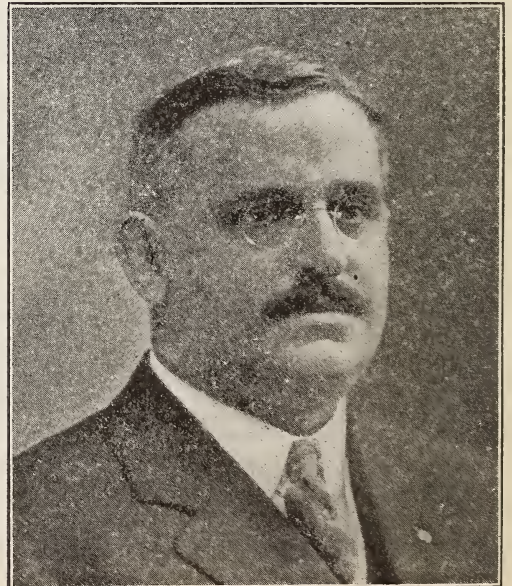
intermediate grades; two for physical culture, one for sloyd and manual training, two vocational and industrial teachers, two for sense training, one for music and a bandmaster, with a principal to direct and supervise the work.

About 50 per cent. of those admitted are able to do work of a remunerative kind; 25 per cent. are able to do housework only, while the remainder, nothing at all. On January 1, 1909, a resident dentist was employed and the beneficial result is apparent. March 1, 1910, a young woman was appointed to visit the homes, relatives and friends of the patients and applicants for admission and collect data bearing on heredity and environment. The data obtained has been of incalculable value.

The staff consists of seven physicians of whom two are women and one dentist. A modern hospital building was erected in 1913 named by legislative act of April 1, 1893, in memory of Dr. Henry M. Weeks, the first superintendent of the State Village.

The population of the Village is at present 628 patients. Since the organization, 1,077 patients have been treated.

For picture of its first superintendent, Dr. Henry M. Weeks, see page 292.



DAVID FAIRCHILD WEEKS, M. D.  
Medical Superintendent.

(President of the Somerset Co. Med. Society)



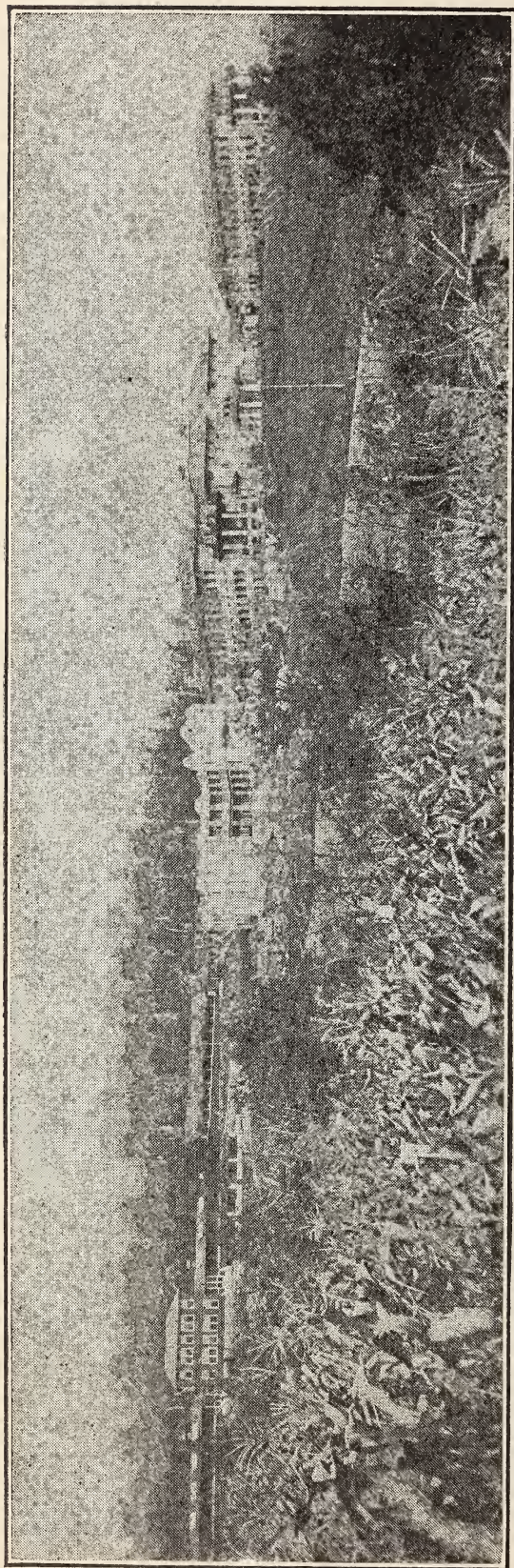


Administration Building State Village for Epileptics

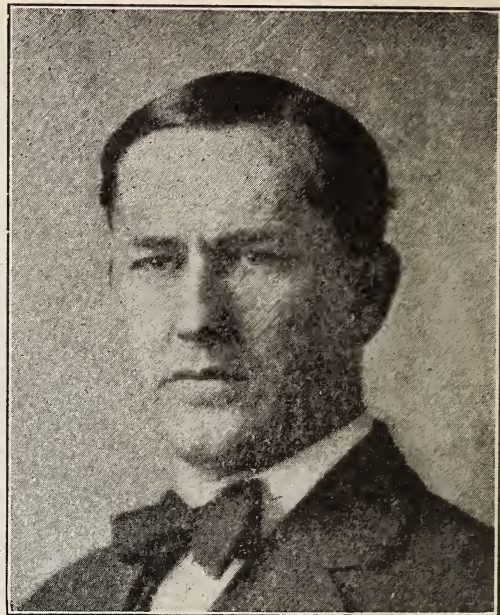


Bergen Cottage, Epileptic Village





New Jersey Sanatorium for Tuberculosis Diseases, Glen Gardner, N. J.



SAMUEL B. ENGLISH, M. D.  
Medical Superintendent.

## BRIEF HISTORY OF THE NEW JERSEY SANATORIUM FOR TUBERCULOUS DISEASES.

By SAMUEL B. ENGLISH, M. D.

The act incorporating the Sanatorium was passed by the Legislature in 1902, after discussion, I believe, in the State Medical Society. After the Commission had been appointed, an initial appropriation of \$50,000 was allowed by the same Legislature with which to buy land and start buildings. A following Legislature appropriated approximately \$210,000, with which to complete and furnish the plant.

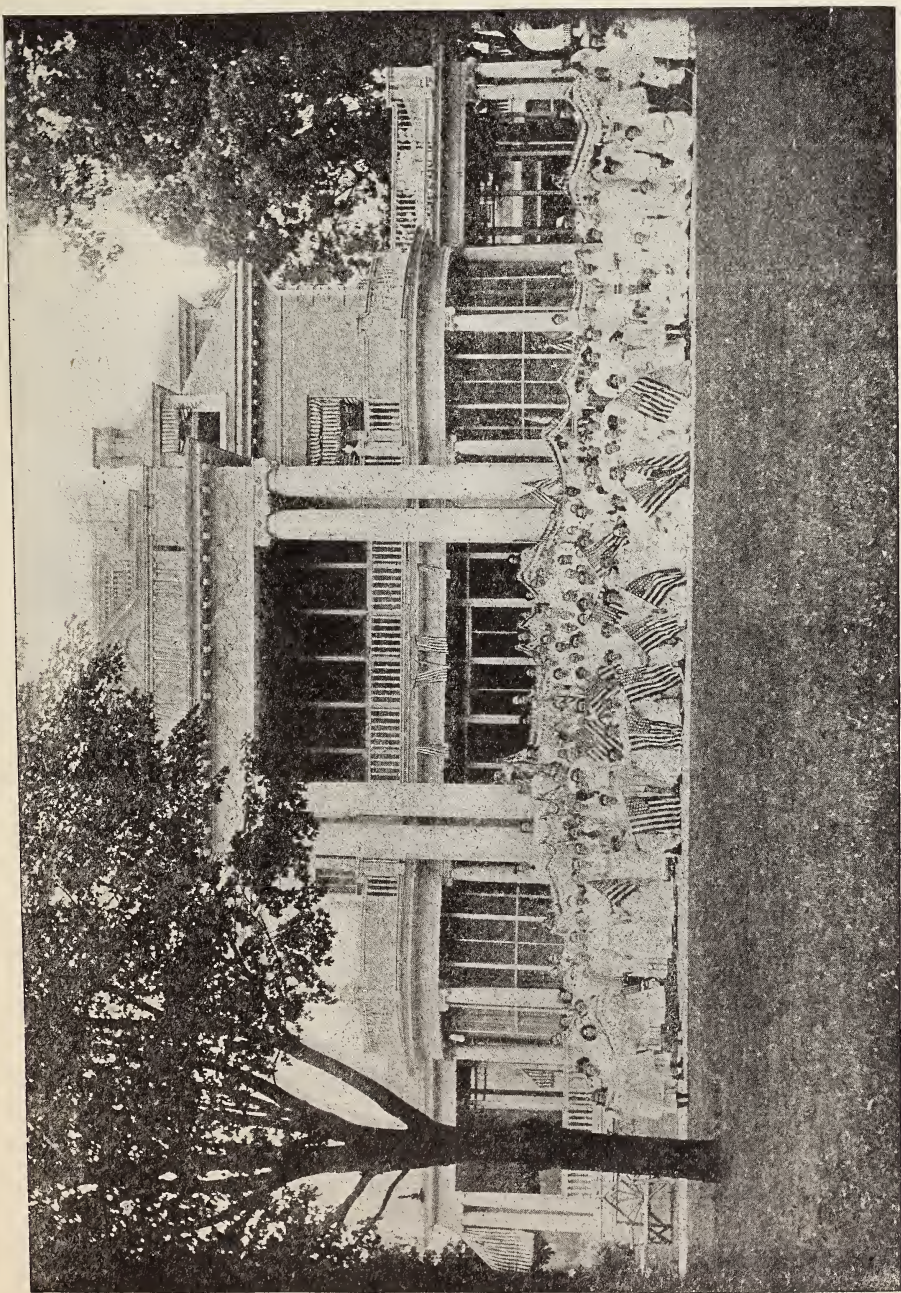
The institution was finally dedicated on November 25th, 1907, and the first patient received the same day.

Up to May 1st of the present year, 3,621 patients have been admitted and during the year 1915, 752 patients were treated. The analyses of the results ending October 31st, 1915, show that up to that time 2,270 patients have received treatment in the sanatorium.

Arrested, 16; apparently arrested, 409; quiescent, 719; improved, 854; not improved, 248; died, 24; total, 2,273.

(Continued on page 314).





New Jersey State Institution for Feeble-Minded Girls and Women, Vineland.



## N. J. SANATORIUM FOR TUBERCULOSIS DISEASES.

(Continued from page 312).

The sanatorium is located two miles distant from the village of Glen Gardner, Hunterdon County, on the highest hill in this section, which has locally come to be known as Mt. Kipp, receiving its name from Dr. Charles J. Kipp, the first president of the Board of Managers, who was a member and an ex-president of the State Medical Society. Since the original purchase of land, no additional purchases have been added.

For cut of this Institution see page 312.

## NEW JERSEY STATE INSTITUTION FOR FEEBLE-MINDED.

An act passed by the Legislature creating this institution was approved March 27, 1888, when a \$10,000 appropriation was made for the purchase of property and \$2,000 for current expenses. A further act was approved May 23, 1890, for the erection of the building for the care and training of feeble-minded women, at Vineland.



MADELEINE A. HALLOWELL, M. D.  
Medical Director and Superintendent.

An estate of 11½ acres of land with dwelling thereon was purchased in 1888 and two patients were admitted April 20, of that year. The institution has had 732 patients in all. The entire capacity at present is 400; the population is now 489.

Dr. Mary J. Dunlap was the first superin-

tendent; she served until May, 1909, when Dr. Madeleine A. Hallowell, on appointment, assumed charge. The inmates are taught music, gymnastic work, cooking, sewing, embroidery, gardening, farm trucking, poultry raising, rug weaving, basketry, laundry work, etc. The results of this work have been excellent—and important income from which largely accounts for a very low per capita cost for maintenance. The moral, physical and educational development of the patients have been marked.

The State does not maintain any other institution for the feeble-minded. Dr. Goddard's Training School at Vineland is a private corporation, but cares for 380 State wards.

For cut of Institution see page 313.

## SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN OF N. J.

The 34th annual meeting of the Society for the Relief of Widows and Orphans of Medical Men of New Jersey was held in Newark on the evening of May 10, 1916, the president, Dr. Edward J. Ill, presiding.

The Board of Trustees presented its annual report, showing an excellent condition of the society, both as regards finances and membership. Five members had died during the year and twenty-one new members had been elected, making the present membership 414.

An interesting survey of the results of membership was made from the record of one of these deceased members. This member joined the society in 1883 and had thereafter paid 127 assessments or about \$3.85 per year. Had he during these thirty-three years of membership deposited in a savings bank every year \$3.85 he would now have to his credit about \$265; whereas the society will pay to his estate a little over \$300, and in addition to this the society stands ready to extend aid if it becomes necessary to his widow or orphans.

The permanent fund now amounts to \$16,889.83, yielding an income of over \$600 annually, all of which may be expended, if favored desirable, in beneficial work.

It was with a keen appreciation of the kindly spirit prompting the gift that the trustees reported the generous donation of \$200 by the president of the society in memory of his deceased wife. Mrs. Ill had often entertained the board at her home and had always shown herself deeply interested in the affairs and pleased with its efforts to help those in need, and it seemed



especially desirable now to perpetuate her influence by adding her name to the list of the society's benefactors.

The treasurer reported payments during the year of \$1,499.25, involving a grand total paid since organization of \$27,232.55. The incidental expenses for the year were \$123.30.

The society re-elected its old officers—Dr. E. J. Ill, president; Dr. N. L. Wilson, vice-president; Dr. H. A. Tarbell, treasurer, and Dr. C. D. Bennett, secretary.

Drs. C. F. Underwood, George M. Kent and J. F. Rosenkrans were re-elected trustees for three years, and Drs. H. M. Hart and C. Z Hawkes custodians.

After a long discussion on ways and means, it was decided to appoint a membership committee of one from each county, of which Dr. Randall of Newark was made chairman, and the secretary was also directed to send to each member of the State Society a copy of the annual report and an application blank, this, of course to encourage further increase in membership.

#### WHY SHOULD LIGHT COME FROM THE LEFT SIDE.

The well known fact that, when using the eyes for any near work, the illumination should come from the left side rather than the right is often disregarded. The Journal of the American Medical Association says: Let any one who considers the matter of little importance once demonstrate to himself the difference and he will never forget it. Take a pencil and paper and try to write while in such a position that the light will fall from the right side. The shadow of the hand or pencil or both is thrown on the paper in such a way as partly to cover the characters one is making. This necessitates a closer viewpoint and a conscious strain on the eyes. Now let the position of the writer be reversed so that the light falls on the work from the left side. He will notice that the shadows fall away from the work he is doing and leaves the field unobscured. In making the change he cannot help but notice the feeling of ease that immediately is experienced by the eyes. This applies to any other kind of near work in which the fingers work under the guidance of the eyes. This fact should be remembered in planning schoolrooms, workrooms, offices and any places where steady close work is to be performed.

A new year opens up to us; a year of op-

portunity, a year during which we can not stand still, we must either go forward or retrogress. Why not vow a vow that this shall be the best society year this county society has yet seen. Your secretary stands ready and willing to do all in his power to help, but you, the members, must stand together in order to accomplish what ought to be done.—*Bulletin*, Butler County (Ohio) Medical Society.

#### NEW JERSEY COUNTIES.

There have been a large number of changes in the boundary lines of counties; e. g., Middlesex formerly included much of what is now Somerset and a part of Mercer, and Albany street, New Brunswick, was the dividing line between Middlesex and Somerset for many years, so that some of the ablest New Brunswick doctors were recorded as members of the Somerset County Society in the early days of the State Society's history, while some great men—as Dr. John Van Cleve, of Princeton, were recorded as members of the Middlesex County Society in 1816 and thereafter for years. Mercer County was not created until 1838; its county medical society was not organized until 1848, when its first delegates appeared at the State Society meeting.

We gather the following from "*New Jersey as a Colony and as a State*," by Francis B. Lee, Esq., with Messrs. W. S. Stryker, Wm. Nelson, G. D. W. Vroom and E. C. Richardson as associate editors—one of the best, most interesting histories of our State that has been published.—Editor.

Nov. 13, 1675, the first counties within the State were created by act of the Legislature of East New Jersey, upon the plea of the necessity for erecting county courts. Two such courts were provided in Bergen, in Elizabethtown and Newark, in Woodbridge and Piscataway and in the two towns of Navesink; no names or defined limits were given to these four counties until March, 1682, when Bergen, Essex, Middlesex and Monmouth were set off by name. Bergen was defined as embracing all of what is now Hudson—east of the Hackensack river and a part of Bergen as it exists to-day; Essex consisted of modern Essex, Union, part of each Passaic, Hudson, Bergen and Somerset; Middlesex was not clearly defined, but had considerable more territory than at present; Monmouth was nearly identical with the present Monmouth and Ocean Counties. In May, 1688, the settlers in Middlesex on the "upper-

most part of the Raritan River" were set off in the county called Somerset, it was loosely bounded.

In West Jersey the organization of the county was on a different basis—the West Jersey county had social and economic causes for its creation. (Stated at some length in the above named history.) In 1681 the Commissioners made a sub-division of the Province, resulting in the naming of Burlington, Gloucester and Salem counties, the latter including the present County of Cumberland. In 1692 Cape May was erected into a county; it included Maurice River township—in the present County of Cumberland and a part of the southern portion of modern Atlantic County. In 1694 the boundries of Burlington, Gloucester, Salem and Cape May were changed, and more clearly defined.

Subsequently, during the Colonial period, Hunterdon embracing the settlements above Burlington was created March 11, 1713-14; Morris County was set off from upper parts of Hunterdon March 15, 1738-39; Cumberland was organized from Salem, January 19, 1747-48; Sussex was taken from Morris June 8, 1753. Boundary suits were settled between Somerset, Middlesex and Monmouth in 1713-14, and between Morris and Somerset in 1749.

In 1824 Warren County was created; in 1838 Mercer County—these two counties were named in honor of Generals Warren and Mercer. In 1837 Atlantic and Passaic counties were created; in 1840 Hudson County; in 1844 Camden County; in 1850 Ocean County; in 1857 Union County. Since 1857 no new counties have been added.

## County Medical Societies' Reports

### ATLANTIC COUNTY.

*Byron G. Davis, M. D., Reporter.*

The regular May meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, on Friday evening, the twelfth.

The scientific program was opened by Dr. Clarence Andrews, of Atlantic City, who reported a very interesting case of melanotic sarcoma occurring as a primary lesion in the eye with metastasis to the liver. Dr. Andrews also reported a case of Raynaud's disease, exhibiting the patient for demonstration and going briefly into differential diagnosis.

The paper of the evening was read by

Dr. Louis F. Bishop, of New York, who selected for his subject "The Cure Resort Treatment of Heart Disease and Arteriosclerosis, with Special Reference to the Application of Nauheim Methods in Atlantic City."

Dr. Bishop said in part that whether or not a pleasure resort shall at the same time be a cure resort depends not only on the profession of the place itself, but on the profession at large. The matter of whether or not a pleasure resort is also a cure resort is determined not so much by the climate, locality, etc., but by the habit of the local profession in applying health resources to benefit a patient and by the profession at large and the people themselves regarding the place in that light. When a patient is going to a cure resort, he is referred to a physician who ascertains by careful examination what the man had better do while there to obtain the most successful results in regard to health, and while at the cure resort the man is supposed to be under the guidance of the cure resort physician.

"It seems to me," Dr. Bishop said, "that there is a great opportunity to develop Atlantic City as a cure resort and a place where people will go to take a course of treatment. From a practical point of view it is not possible to build up the reputation of the place as a cure for all diseases. What is most needed in this country at this time is a cure resort for cardio-vascular-renal diseases, and I have found Atlantic City very arvantageous for these people."

Dr. Bishop then described "Bad-Nauheim," going into detail as to the way the baths are conducted, the history of the place and the results obtained. He spoke of the prevalence of cardio-vascular breakdown in the present day and said it is probable that the reasons for such frequency are to be looked for, not merely in the increase in the gross causes of heart and blood vessel disease, but in a thousand and one little details of modern life that predispose to the phenomenon in question. And so the cure, likewise, often depends upon a thousand and one details surrounding the patient at this time. This is where the advantage of the resort treatment is best felt.

"The cure resort treatment is essentially a drugless treatment, the object being to restore general health that artificial assistance is not necessary. There are certain examples of heart trouble, however, in which drugs must be continued, but, in the vast majority of cases, re-education, baths, exercise and diet, all systematically



given and scientifically taught, with an effort to have the patient take each detail seriously and give his or her entire co-operation, will bring about a satisfactory result, and the patient will as a rule want to return the following season for another course of treatment." Dr. Bishop said he would like to see the cure resort treatment of cardio-vascular disease become a permanent feature of Atlantic City because many of those cases who are no longer able to go to Bad-Nauheim want a substitute in this country and Atlantic City, with its beautiful playground and delightful climate is ideal for the development of such a cure resort.

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### ESSEX COUNTY.

*Frank Wilcox Pinneo, M. D. Reporter.*

The county society held the last meeting of this season on Tuesday, May 9th, at the rooms of the Board of Trade, Newark, the president, Dr. John F. Hagerty, in the chair. The minutes of the last meeting and of the council meetings since were read by Dr. F. W. Pinneo, elected secretary pro tem in the absence of Dr. Hunt, secretary. The following new members, nominated by the council, were elected: Dr. Browne Morgan, Bloomfield; Dr. Edwin E. Bond, Caldwell; Drs. A. G. Hulett and Herbert H. Straub, East Orange; Dr. J. F. Lovell, Irvington; Drs. Willet W. Brown, Julius A. Caldwell, Herbert W. Foster and Norman D. Mattison, Montclair; Harvey M. Ewing and W. S. MacDonald, Upper Montclair; Drs. Charles W. Craster, A. Flachs, Albert Frey, Ottman Frey, Augusta M. Keim, F. H. Lovell, Carl R. Keppler, Henry B. Oertel and Jacob J. Newark; Dr. George E. Harhen, Verona. This answered for a final report of the Committee on New Members which in two years has prosecuted an organized effort to offer membership in the county society to every legalized and registered practitioner in the county, regardless of school of treatment, and has resulted in an increase of over one-third in total membership which now approaches 500. The scientific program was a joint address, with motion picture demonstrations, by Drs. John A. Wyeth, John A. Bodine and Charles H. Chetwood, all of the Polyclinic Hospital, New York, on the modern method of teaching surgery by means of motion pictures. Their demonstrations were of operations as follows: Amputation at the hip-joint, amputation at the shoulder-joint, nephrectomy, inguinal hernia under local anesthesia (anoci-association without the

inhalation anesthetic). Routine business was curtailed, but the Legislative Committee reported the part they had taken in exposing and reporting to the prosecutor cases of quack practice and which resulted in their conviction in court.

The 34th annual meeting of the Society for Relief of Orphans and Widows of Medical Men of New Jersey was held in Newark on May 10th. The importance of this society and its annual meeting to the readers of this Journal throughout the State, and not merely in Essex County, merits a separate account which Dr. Bennett was asked to prepare and may be found in another column.

The Essex County Anatomical and Pathological Society held the last meeting of the season Thursday, May 11th and rendered the following program:

Demonstration of Specimens: 1. Traumatic Rupture of Spleen, Dr. Bagg; 2. Fibrinous Pericarditis, Dr. Matheke; 3. Acute Yellow Atrophy of Pregnancy, Dr. Teeter.

Paper—Breast Tumors, Dr. Gray.

From Pathological Laboratory of City Hospital: 1. Diverticula of Alimentary Tract; 2. Fetal Anasarca and Ascite associated with Hydramnios; 3. Dentigerous Cyst; 4. Fetal Anomalies, Cyclops, etc.; 5. Stomach Specimens, presenting unusual Carcinoma, etc.; 6. Periosteal Sarcoma; 7. Autopsy Material, Drs. Van Ness, Matheke, Haussling, Pinneo, Asher, Mikel, Cassile and Martland.

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The Academy of Medicine of Northern New Jersey held the last stated meeting of the season on May 17th. The chief program was the annual address of the retiring president, Dr. J. Bennett Morrison. His topic was "Our Academy and Its Influence on the Profession" in which he reviewed the work of the year and showed the value of the encouragement given to all members of the profession to prepare, for discussion, cases of interest and present them in open meeting; mentioned the library and its growth in spite of inadequate quarters and need for development of its administration; reported efforts made to establish the Academy in permanent housing of our own and the plan now to accept the accommodations to be offered by the Newark Board of Health in their building, nearing completion, as a place of meeting, etc., hoping for further accommodations in the 250th Memorial Building of Newark when that shall be built. The Section on Medicine met May

9th. Clinical cases were presented by Drs. Newman, Conlon, Reissman and Martland. The Section on Eye, Ear, Nose and Throat met May 22nd. Cases were presented by Drs. Emerson, Sherman, Eagleton and Chatten. The Section on Pediatrics and on Gynecology postponed their meetings until autumn.

The Essex County Society will celebrate its Centennial with a banquet June 13 at the Washington Hotel.

#### HUDSON COUNTY.

*William Freile, M. D., F. A. C. S., Reporter*

At the Carteret Club, Jersey City, the Hudson County Medical Society held its eighth and last regular meeting of the season.

Vice-president Dr. Henry J. Bogardus called the meeting to order, and the usual routine business was taken care of.

Dr. Geo. E. McLaughlin reported that the lantern with equipment had cost \$394.73, or nearly \$100 more than the expected outlay, but that war conditions had made this increase unavoidable. The bill was ordered paid.

The sum of \$50 was donated to the Carteret Club for the courtesy it had extended in allowing the society to meet there.

The following were elected as annual and alternating delegates to the State Society meeting at Asbury Park, June 20-22, 1916: Annual delegates, Drs. Samuel A. Cosgrove, Jersey City; Frank F. Bowyer, Jersey City; William W. Riha, Bayonne; W. Homer Axford, Bayonne; Stanley R. Woodruff, Bayonne; Emile V. Rundlett, Jersey City; Walter D. Weber, West Hoboken; Frank Bortone, Jersey City; Frank J. McLoughlin, Jersey City; Chas. J. Larkey, Bayonne. Alternating, Drs. Ernest Thum, Jersey City; Margt. Sullivan, Jersey City.

The following were elected to membership: Drs. Benj. Kooperman, 635 Bergenline avenue, West New York; M. E. Ramsey, 402 Arlington avenue, Jersey City; Joseph L. Furst, 252 Bergenline avenue, Weehawken; Joseph Adler, 536 Broadway, Bayonne.

The usual presentation of clinical cases was dispensed with.

The society then listened to a ten minutes talk on Hodgkin's Disease, by Dr. Irwin Markowitz, of the Jersey City Hospital.

(A synopsis of this talk is enclosed herewith).

Dr. Arthur P. Haskings, assistant county

physician, next took the floor and spoke on "Diagnosis—Ante-mortem and post-mortem." He cited many interesting cases, giving a resume of the history, clinical diagnosis, and then what was actually found and checked up at autopsy. Some of the instances mentioned showed the extreme difficulty encountered in arriving at a conclusion as to the real pathology, and that even after accurate and painstaking investigation the dead house reveals many surprises. He emphasized the fact that in head or suspected internal injuries, no matter how apparently trivial, judgment should be suspended and the patient kept under observation, and thus much criticism which frequently follows the aftermath would be obviated. The society felt that the hour devoted to Dr. Haskings' talk had been truly well spent, as it was eminently practical and forcibly brought home some truths the recognition of which will make for a reduction in diagnostic errors.

#### HUNTERDON COUNTY.

*Morris H. Leaver, M. D., Reporter.*

The semi-annual meeting of the Hunterdon County Medical Society was held in Flemington on April 25. President A. H. Coleman, of Clinton, presiding.

Under the reports of Sections, Dr. Tompkins reported four cases of Ectopic Gestation occurring recently in his practice, in which all were operated upon and recovered. He laid particular stress on three points in the diagnosis: First, the peculiar pain; second, the brickly, dirty discharge; third, that the patient is a multipara who has usually had no children for eight or ten years. Drs. Fulper, Coleman and Closson reported cases.

Drs. Tompkins, Closson and Sproul reported cases of Pseudocyesis occurring in their practices.

Drs. Tompkins, Sproul and Closson reported cases of umbilical hemorrhage in the new-born.

Dr. Coleman reported a case of hernia in which the patient had furunculosis. One boil developed under the pad of the truss and when the boil was healed the hernia had disappeared.

Dr. Dunham spoke on the use of alcoholic injections for the cure of hernia.

Dr. English spoke on the remedies to arrest hemorrhage, with special reference to hemoptysis. He also reported a case of measles occurring at the sanatorium to which fifteen other children were exposed.



They were all receiving open air treatment for tuberculosis, and none of them contracted measles.

Dr. ClOSSon reported the case of a boy with recurring attacks of pain supposed to be renal colic. On operation the kidneys and ureters were found normal. The appendix although normal was removed as a routine procedure and the boy has had no recurrence of pain.

The question of criminal abortion was brought up by Dr. Salmon.

All the subjects touched upon were quite freely discussed by the members present.

Dr. Crystell, late of California, having removed to Nutley, resigned from this society to join the Essex County Medical Society. Our good wishes follow him to his new field.

It was decided that this society have two extra summer meetings, and the first one will be held early in June at the Hunterdon County Country Club, on the invitation of Dr. Coleman.

The society then adjourned and had dinner at the Union Hotel.

#### MIDDLESEX COUNTY.

*Frederick L. Brown, M. D., Reporter.*

The regular monthly meeting of the Middlesex County Medical Society was held on April 19, 1916, at Hotel Madison, Perth Amboy.

Thirty members were present. This meeting was the occasion of the semi-annual dinner usually held at Perth Amboy in April. The question of admitting homeopathic physicians to our society was discussed at length. It was decided to appoint a committee to draw up resolutions covering certain changes in the by-laws regarding admission of practitioners of medicine. A special committee composed of Drs. English, Hunt and Tyrrell was appointed to prepare resolutions with the view of changing the by-laws of the society so that homeopathic physicians might be nominated for membership.

Interesting cases of brain abscess and fracture of the skull were reported.

#### MAY MEETING OF THE SOCIETY.

The May monthly meeting was held at St. Peter's Hospital, New Brunswick, May 17, President Donohue in the chair and the following members were present: Drs. Donohue, Merrill, Kline, English, Brown, Howley, Spencer, Gutmann, Smith, Hunt, Woods, Schureman, Riva and Scott.

The admission of homeopathic physi-

cians to the society was discussed. Dr. English, chairman of the special committee, reported that the constitution presented no barriers to their admission, and he moved that homeopathic physicians be admitted on same conditions as others: That they meet the educational requirements as legally qualified practitioners and are recommended by the Society's Committee on Ethics. The motion was unanimously adopted.

Dr. English also reported for the coming centennial meeting of the county society and the 150th anniversary meeting of the State Society, in substance as follows: That the centennial celebration be on Friday, June 16, with a public meeting at 3 P. M. in Kirkpatrick Chapel, Rutgers College, with historical narrative, and a paper each on "A Hundred Years of Medicine" and "A Hundred Years of Surgery"; that the latter would be presented by Dr. G. K. Dickinson, of Jersey City, the other to be announced later; also a dinner at Klein Hotel at 5.30 to which the officers of the State Society would be invited.

He made announcement of the State Society's Sesqui-Centennial at Asbury Park and urged a full attendance of our members for the entire three days' sessions. He detailed at some length the program of the occasion.

An interesting scientific program followed. Dr. A. L. Smith reported a case of malposition complicating labor. It was found necessary to perform a Caesarean operation after there had been considerable manipulation; no infection followed and the case progressed normally.

Dr. J. P. Schureman showed a case of extensive burns, in which he had used skin-grafting with excellent results.

Dr. F. L. Brown reported on and showed a case of lung abscess, this case developed lobar pneumonia.

Several members took part in the discussion of these cases.

#### PASSAIC COUNTY.

*William Veenstra, M. D., Reporter.*

The annual meeting of the Passaic County Medical Society was held in the Braun Building, 170 Market street, Paterson, on Tuesday evening, May 19, 1916. There were 54 members present.

The annual address of the president, Dr. B. H. Rogers was given. Dr. Rogers spoke of the excellent work that had been done in the past year, in the advancement and

betterment of the profession as a whole. He thanked the members who had contributed cases and scientific papers for discussion.

Dr. Rogers further spoke of the showing made by the Legislative Committee, as through their activity the society has the proud distinction of being second in the State in relation to legislative matters. He then thanked the members for their mutual co-operation and support and asked that it be continued in the interest of the president-elect, Dr. William Neer.

The treasurer rendered his report which was accepted. The society then went into its annual election of officers, Drs. Tuers and Marsh were appointed as tellers.

The following officers were elected for the ensuing year: President, Dr. William Neer; first vice-president, Dr. W. H. Carroll, of Passaic; second vice-president, Dr. H. Lucas; secretary, Dr. William Veenstra; treasurer, Dr. Chas. Murn, and reporter, Dr. P. Hagen.

For member of the Executive Committee, Dr. C. W. Mitchell and J. T. Gillson; censor, Dr. J. C. McCoy; permanent delegate, Dr. J. S. Yates; annual delegates, Drs. E. J. Keller, C. J. Kane, Thomas, A. Dingman, Jacob Romer and W. M. Winters.

#### SALEM COUNTY.

*Norman H. Bassett, M. D., Reporter.*

The regular meeting of the Salem County Medical Society was held at the Nelson House, Salem, on Wednesday, May 3rd. The president, Dr. George W. Fitch, presided. After the reading of the minutes and the roll call, Dr. J. F. Reeves, of Elmer, was elected to membership in the society. At the conclusion of the regular business of the society a most entertaining and instructive address was delivered on "Practical Conception of the Epileptic Problem" by Dr. N. S. Yawger, of the University of Pennsylvania. Two cases were presented and examined by Dr. Yawger. A general discussion followed the address. At four o'clock one of the elaborate Nelson House dinners was served.

### Local Medical Societies.

#### HUDSON COUNTY TUBERCULOSIS CLINICS ASSOCIATION.

*Berth. S. Pollak, M. D., Reporter.*

The twenty-first regular monthly meeting of the Association of Attending Physicians of the Hudson County Tuberculosis

Clinics was held in the medical room of the Jersey City Free Public Library on Monday evening, April 10th, 1916.

The meeting was called to order by Dr. Brooke at nine o'clock.

Present—Drs. Brooke, Riha, Brady, Klein, Bogardus, Kyte, Spalding, Enright, Miner, Quigley, Jaffin, Mutter, Pollak, Succo; Misses Ida M. Shute and E. L. Allen and the nurses of the Hospital and Clinics.

The minutes of the last monthly meeting were read and adopted.

The papers of the evening were read by Drs. M. H. Parounagian and Donald Miner, their subjects being "Tuberculosis of the Skin" and "The Use of Vaccines in Treating Respiratory Tract Complications of Tuberculosis," respectively.

The papers were discussed by Drs. Little, Curtis, Jaffin, Riha, Miner and Quigley.

The president appointed the following committee on scientific programme: Drs. W. W. Riha, A. E. Jaffin and Hugo Alexander.

The next regular meeting of the association will be held on Monday evening, May 8th, 1916, at which time Dr. E. C. Brenner, of New York, will give a talk on the "Home Hospital."

#### MORRISTOWN MEDICAL CLUB.

*E. Moore Fisher, M. D., Reporter.*

The Morristown Medical Club met in St. Peter's Parish House on the evening of the 28th of April, as the guests of Dr. G. W. Wilkinson. Dr. F. W. Flagge of Rockaway presided. In addition to most of the members, Dr. H. O'Reilly of Summit was present.

Dr. Morris S. Fine, of New York, gave an address on "The Chemical Findings in the Blood in Nephritis and Diabetes." The doctor opened his address by referring to the usual laboratory urinalysis and said that this left a great deal to be desired as an aid to the treatment of nephritis and diabetes, as the amount of nitrogens and creatin found in urine were not always a definite index to the functionary powers of the kidney substance.

The pheno-sulpho-thalein test was a marked advance and would determine how each kidney was working if separate urethral catheters were used. He had found, however, that the chemical tests of the blood were the best diagnostic and prognostic methods. The amounts of uric acid



and uric nitrogen and creatin all aided in giving an idea as to how far the disease had progressed. The amount of these in the blood increased as the amount of them in the urine decreased. But the decrease in the amount in the urine might be due to either amelioration or exacerbation of the disease. From the chemical findings in the blood, nephritic patients may be divided into three groups. Those in which only the uric acid nitrogen is increased are most amenable to treatment which should be along dietetic and hygienic lines. The use of atophan in these cases may be of benefit. In the second group urea nitrogen is found and an endeavor should be made to help these so that they become as well as those in the first group and to prevent their condition from becoming so severe that they belong in the third group where creatin is present in the blood. If this condition obtains the prognosis is serious, and if 5 m.m.g. of creatin are found in 1 c.m. of blood, death is likely to take place in less than three months. In many diabetic patients creatin was found in the blood, showing that the kidney function was interfered with. The doctor felt that the blood finding should always be used in connection with the clinical picture and called attention to the value of systematic examination of the eye grounds in all diabetic and nephritic patients.

The lecture was made more interesting by the means of charts showing the blood condition found and the outcome of a number of cases, in some of which only the chemical findings showed the extreme seriousness of the patient's condition.

The discussion was entered into by most of those present and many questions asked were answered by Dr. Fine.

A most agreeable supper was served before the final adjournment.

#### SUMMIT MEDICAL SOCIETY.

*William J. Lamson, Secretary.*

The regular meeting of the society was held at the Highland Club on Friday, May 26, 1916, at 8.30 P. M., Dr. Campbell entertaining and Dr. Keeney in the chair.

Present—Drs. Bebout, Campbell, English, Hamill, Jaquith, Jones, Keeney, Krauss, Lamson, Meigh, Moister, Prout and Wolfe, and the following guests: Drs. O'Reilly and Bensley, of Summit, and Drs. Morris and Dengler, of Springfield.

The committee appointed at the last meeting, to co-operate with the Associated

Charities in forming a Babies' Clinic, consisting of Drs. English and Tweddell, reported that such a clinic had been organized, and that they were to have medical charge of it. Meetings are to be held weekly to give advice to mothers as to the care of their children under four years of age. It was the sense of the meeting that great care should be exercised that the charitable feature of the clinic be not abused by those able to pay a physician.

It was resolved that the June meeting of the society be omitted.

The chairman was requested to appoint a dinner committee for the annual dinner in September.

Instead of the usual formal paper, Dr. Campbell gave an informal talk on gonorrhea, and some of the problems which it presents to the general practitioner. In his opinion there are not so many cases of gonorrhea as formerly, at least the general practitioner sees comparatively few cases of acute infection, for many different reasons. Dr. Campbell's remarks were given to elicit a general discussion, and his anticipations were fully realized, for almost everyone present spoke of different phases of the problem as it was presented to them—for example, the reporting of cases to the Health Board, the comparative merits of silver nitrate and argyrol in the eyes of the new-born, the prevalence of the disease, the danger of infection, its effect upon marriage, etc.

Dr. Lamson described briefly the method of quarantine of contagious diseases as practiced in the public schools of Summit.

The usual refreshments were served.

#### WESTFIELD MEDICAL SOCIETY.

*By R. G. Savoye, M. D.*

This society entertained about forty of the doctors of Union County at their regular monthly meeting on Tuesday, May 2. Dr. G. K. Dickinson, of Jersey City, read an excellent paper on "Minor Surgery of the Pelvic Outlet Incident to Obstetric Practice." The title is hardly fair to the author because it savours of a dryness that did not exist. Dr. Dickinson brought out very many points in regard to repair of the pelvis that are not at all usual and in reference to the care of the patient during their recovery. The appreciation of the paper was shown by the lively discussion which followed. After the paper a delightful supper was served by the ladies of St. Paul's parish at whose parish house the meeting was held.

# THE JOURNAL

OF THE

## Medical Society of New Jersey

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JUNE, 1916

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,  
New Brunswick, N. J.

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## OUR LAST CALL

—TO THE—

## 150th Anniversary

—OF—

## The Medical Society of New Jersey

June 20-22 at the

New Monterey, Asbury Park

It ought not to be an urgent call to such a soul-stirring gathering, when many are coming—and many more would come *were it possible*—hundreds of miles to attend it: to express their interest in and appreciation of our Society and its splendid record.

We expect YOU there. You can't afford to stay away.

Attend all three days' sessions.

Bring the ladies with you.

See page 333 for Program, etc.

## OUR ANNIVERSARY MEETING.

From a letter received from Mayor C. E. F. Hettrick, of Asbury Park, we quote the following:

"I shall be glad to co-operate in any manner possible to make your anniversary meeting a success. I wish to assure you that we of Asbury Park appreciate the action of the Medical Society in selecting our city for this important meeting."

We know that the members of the Board of Commissioners, of the Board of Trade, and several other organizations of Asbury Park, including the Woman's Club, will be as glad as the mayor to welcome and co-operate with us in making your meeting enjoyable and successful."

The members of the Local Committee of Arrangements, Dr. George F. Wilbur, chairman, have done splendid work which will enable us to enjoy the social functions of our visit to Asbury Park as well as facilitate the business and scientific work of our sessions. As the scientific work of this special anniversary meeting will be limited, and the social functions will be more prominent this year—as seems eminently proper—we are glad to give the following outline program of the entertainments provided, as contained in the report received from Dr. Bruce S. Keator for the Social Committee:

1. June 20th—Free use of Deal Golf Links extended through the courtesy of the Deal Golf Club.

2. Fireworks in the evening on the Boardwalk.

3. Free admission afternoon and evenings, during the convention, to the Casino on the Boardwalk where twelve-piece orchestra is maintained for dancing. (These dances are select and patronized by the best people).

4. Free admission to one performance at the Lyric, the Savoy and Daly's Theatres any afternoon or evening—a courtesy extended by the respective proprietors, Mr. Pawley, Mr. Rosenberg and Dr. Van Wickle.

5. June 21st, 10.30 A. M.—An automobile ride for the ladies through Allenhurst, Deal Beach, Elberon, West End, Hollywood, Long Branch and over the famous Rumson Road drive, returning by way of Shadow Lawn, President Wilson's summer home.

6. 6.30 P. M.—Reception in the New Monterey Hotel ballroom to members of the Medical Society of New Jersey, their families and visiting delegates followed at 7 P. M. by a musical under the auspices of the Woman's Club of Asbury Park, directed by Mrs. Bruce S. Keator.

Banquet in the New Monterey dining hall at 8 o'clock P. M.

7. A trolley ride to Pleasure Bay and return anytime during the conference, extended through the courtesy of Mr. Scott S. Hazelrigg, president of the Atlantic Coast Electric Railroad Company.



8. A boat ride around Deal Lake and return anytime during the convention, a courtesy extended by Messrs. Wortman, Waters and White, proprietors.

9. Admission to Natatorium and Swimming Pool on the Boardwalk and one free salt water bath, anytime during the convention—through the courtesy of the proprietors, Messrs. Mitchell and Fry.

10. Riding in rolling chairs on the Boardwalk to all members, their families and delegates at reduced rates of one-half the regular charge of fifty cents, namely, twenty-five cents per hour per chair for two.

It will be seen by the above outline that the comfort and enjoyment of the Ladies of our members and others who accompany us who honor and grace the occasion by their presence have been bountifully provided for and that the Ladies of Asbury Park are vying with the organizations of men in doing us all honor and extending royal hospitality.

The Banquet will be a function of special interest and enjoyment to the 800 or 1,000 we hope to have present. We cannot positively announce the post-prandial speakers, but it is sufficient to state that among them will be such eminent men as Governor James F. Fielder, former Attorney-General Robert H. McCarter, Prof. Hobart A. Hare, of Philadelphia, the latter two representing respectively the legal and medical professions; President W. H. S. Demarest, of Rutgers College—which also celebrates its 150th anniversary—representing our educational institutions. We have hopes for the distinguished honor—an exceptional one in our history—of having with us President Woodrow Wilson, but while he has expressed his appreciation of the invitation and would be pleased to attend, he could make no positive promise on account of the pressure of official business.

We urge all who expect to attend, to make their plans to be present during the entire three days' sessions. It is an extraordinary occasion for which we have made extraordinary provision. The historical and scientific programs, the outline of which will be found elsewhere in this issue of the Journal, are all that could be desired; the two orations by Professors Clark and Fischer will be very interesting and instructive as they are eminent men in two of our medical colleges of high standing. We shall have many other distinguished members of the profession from other States. The president of the American Medical Association, Surgeon - General

Rupert Blue; the venerable editor of the A. M. A. Journal, Dr. George H. Simmons, are expected. The president of every State medical association has been invited to attend and several have already accepted.

We call special attention to the sessions of June 23—County Societies' Day—the five societies that celebrate their centennials this year occupying the morning session and practical round-table talks being the program for the afternoon session. Every member of every county society, who can be present, is urged to attend. During the interim between the two sessions the State Association of Secretaries and Treasurers will lunch together in a private dining room at 1.30 P. M. and transact important business. The secretary and treasurer of every county society is urged to be present.

The Local Committee has made special arrangements for the exhibition of pharmaceutical and food preparations, surgical instruments, medical publications, etc., etc., that will provide far more space and much more prominently placed than usual for such exhibitions.

We feel it is due to express to the directors and to the manager of the New Monterey Hotel our appreciation of their endeavors to make the coming anniversary enjoyable and successful. That hotel will be our Headquarters, it can accommodate about 625 and the manager has made arrangements with the Columbia—another excellent hotel—for the additional number we expect will attend. We strongly advise all who expect to attend to apply at once to the New Monterey Hotel for rooms.

#### RESPONSES TO INVITATIONS.

We sent out in advance of the formal invitations several letters stating that the invitations would follow, in order that guests we specially desired should attend, would not make other engagements for our dates. We give some of the replies below:

STATE OF NEW JERSEY.

Executive Department.

May 22, 1916.

My Dear Doctor English:

I have your letter of the twelfth instant and have also received through Doctor Guion a formal invitation to be present at the celebration of the Medical Society of New Jersey June 20-22.

I am very glad to accept the invitation to

attend the banquet on the evening of June 21st, and am looking forward with great pleasure to that occasion.

Wishing for you a very successful meeting, I am,

Very truly yours,  
JAMES F. FIELDER.

Newark, N. J., May 15, 1916.

Dr. D. C. English,

New Brunswick, N. J.

My dear sir—I received your favor of the twelfth, asking me to make an after-dinner address on the evening of June 21st, at the banquet to be held at the Monterey Hotel, at Asbury Park. The occasion is so distinguished a one that I hardly feel like declining it, although I am afraid I should. You may, therefore, consider that this is an acceptance.

Yours very truly,  
Robert H. McCarter.

There is one letter that we were exceedingly sorry to receive which we give our readers, from Talcott Williams, director and professor of journalism, Columbia University School of Journalism, whom we hoped to have as one of our banquet speakers:

May 15, 1916.

My Dear Dr. English:

Your invitation is one I greatly value. There is no audience next June which I would rather address than the one you propose, but I am sorry to say that June 21st is the date of the commencement at Amherst College. I am a trustee and chairman of the Committee on Degrees, and I have to act as "orator" in presenting the candidates for honorary degrees. I have looked up the trains and find it will not be possible for me to leave Amherst in time to reach Asbury Park, much as I would like to do it.

With regret that I must decline, I am,

Sincerely yours,  
TALCOTT WILLIAMS.

Letters were also sent to the secretaries of other State societies notifying them that we desire to send formal invitations to their societies' respective presidents and desiring their names as some were to hold their elections in May and early June. The following are some of their replies:

From the Secretary of the Massachusetts Medical Society—Dr. Walter M. Burrage, Boston:

The Massachusetts Medical Society returns the greetings of the Medical Society

of New Jersey just as it did in 1788, when Jonathan Elmer, president of your Society sent a letter to James Lloyd, of Boston, intended for the president of the Massachusetts Society, and we express the hope that the celebration of your 150th birthday, in June, may be observed with the eclat that such an occasion demands. I will notify you as to the name of the president our society elects on June 6, and will urge him to attend your meeting at Asbury Park, June 20-22. At present our delegate to your meeting, appointed by the Council in February, Dr. Lewis M. Palmer, of Framingham, is preparing to represent us and has been furnished by the secretary with a short biography of Jonathan Elmer and the facts concerning the early friendly relations between our societies.

From the Secretary-Editor of the State Medical Association of Texas:

"You will accept my personal congratulations, and I am sure I voice the sentiment of the State Medical Association of Texas. It is a matter of no little distinction to be the oldest organization of this sort in the United States, particularly when the past history is one of unbroken attainment and the production of illustrious leaders in the medical profession, such as is the case with your honorable organization."—Holman Taylor, Secretary-Editor.

From the Secretary of the Rhode Island Medical Society:

"Congratulating your Society upon its virility at such an advanced age."—Jay Perkins, Secretary.

From the Secretary of the Tennessee State Medical Association:

"The whole medical world entertains sincere good wishes for the success of the 150th anniversary meeting of the Medical Society of New Jersey and no part of it is more sincerely interested than Tennessee."—Olin West, Secretary.

From the Secretary of the Iowa State Medical Society:

Extending my personal wishes for the most successful meeting in your history and my congratulations on your attainment to great age.—T. W. Osborn, Secretary.

From the Secretary of the Medical Association of the State of Alabama:

Dear Doctor—Your favor of the 17th ult. was received in time to be read in open



meeting during the annual session of our Association recently held in Mobile. I was instructed to convey the thanks of the Association to you, and to express the wish that your Society will have a profitable and enjoyable meeting in June. \* \* \* H. G. Perry, Secretary.

From the Secretary of the Idaho State Medical Association:

I am sure our President, Dr. Freeman O. Boyd, of Twin Falls, appreciates the invitation from your committee, and I shall urge him to attend. 150 years is sure going some, and I trust the Medical Society of New Jersey will still be going at the expiration of another 150 years. This year will be our 24th annual meeting, so we feel like mere infants when comparing our age with that of your Society."—Ed. E. Maxey, Secretary.

From the veteran editor of the great A. M. A. Journal.

Chicago, Ill., May 23, 1916.

Dear Doctor Guion:

I am in receipt of the beautiful official invitation to the one hundred and fiftieth anniversary of the founding of the Medical Society of New Jersey. I had already had an invitation to this anniversary, through Dr. David C. English, and wrote him a few days ago that it was impossible to say whether or not I could be present, the reason for the uncertainty being the long draw-out Urine of Cardui trial. The case is still dragging along, with no more indication of the end coming than here was ten days ago. However, I shall accept your invitation because it is barely possible that even though the trial is not ended, I may be able to get away; but you must regard the enclosed acceptance as more or less tentative. \* \*

Sincerely yours,

GEORGE H. SIMMONS.

From President George I. McKelway of the Delaware State Society:

"I have received the kind invitation of the Fellows, Officers and Members of the Medical Society of New Jersey to the celebration of the one hundred and fiftieth anniversary of the Society, addressed to me as president of this State Society, and have great pleasure in accepting it. I desire also to express on behalf of the Delaware State Medical Society their appreciation of the

courtesy and honor shown them in this invitation.

Very sincerely yours,

GEO. I. MCKELWAY.

### THE PHYSICIANS OF OUR COLONIAL DAYS.

The approaching 150th anniversary of the organization of the New Jersey State Medical Society in 1766, causes one to look a long way back into the mazes and shadows of our colonial history, and awakens a flush of pride that ours should have been the first in all America, to co-ordinate medical thought and aspiration.

In the other colonies there were gifted minds and responsive hearts, but, except at the frequent consultations held at the bedside of stricken patients, there were no conventions of ideas, no sifting of evidences, and shaping of opinions, no benevolent regulation of conduct, none of the bonhomie and candour that comes with fellowship in a community of common interests.

But all this began, as it were, at New Brunswick, that historic town! in 1766, when sixteen physicians formed themselves into the New Jersey Medical Society. With admiration we read their "Instruments of Association and Constitutions"—what zeal, what dignity, what benevolence! And though they were all comparatively young men, and mostly college bred, and destined to cut a great figure in the approaching Revolution, and in the councils of the government, we cannot help but look upon them as old men, the fathers of medicine in the primitive days—the sages of an antique era!

We fancy them on their daily rounds of twenty, thirty, forty, and even fifty miles of travel—stately equestrian figures, in quaint habiliments, calling at rude log cabins under the forest eaves; and view their hospitable receptions at the ampler homes of the rich planters. We follow their lonely journeys by Indian trails, their fording of streams, and perilous ferriage of swirling rivers, and come upon their surgery in some sudden calamity, at night, in some remote dwelling, performed by the doubtful light of candles, or of smoky lamps. But, these were the men that kept the torch alive in perilous times! They assuaged diseases, comforted despairs, inspired patriots, bore the brunt of battles, and were the last to leave the fields of carnage.

And through it all their tendency was to-

ward ampler horizons of thought, for in no other profession is there a keener desire to improve upon old accepted forms and methods. For below the surface of earnest minds, an evolution of ideals is ever glimmering. The realizations of to-day were the theories and surmises of unremembered men. Nothing flowers that has not had its roots in the debris of old dreams.

We shall meet to do them honor, and it were nothing strange if amid the feasting and the flow of soul, the garlands, the music, the oratory, and applause, something more subtle than memories should drift in, and smile a grace of welcome, and inspire us yet to nobler living and a higher art!

George T. Welch.

#### SOMERSET'S CENTENNIAL.

It was the editor's great privilege and pleasure to attend the first of the five county society centennial celebrations—that of Somerset County, held at Somerville, May 20th, and it was an occasion which we shall long hold in memory. It was a worthy testimonial to the great men of the past and an inspiration to the men who are now treading in their footstep faithfully and efficiently maintaining the high standards the fathers set them.

Dr. D. F. Weeks, president of the society, in beautiful, appropriate words, extended a cordial welcome after the opening prayer. The historical address was one of great value; it showed careful study, the literary ability in setting forth the society's work.

The centennial dinner, following a reception by Dr. and Mrs. Weeks, was all that could be desired; the presence of the members' wives and other ladies added greatly to the enjoyment of the occasion and also inspired the post-prandial speakers.

We hope to give a fuller report of this and other similar celebrations in the July Journal.

#### TRANSACTIONS 1766-1859.

A large number of Presidents' Addresses, Standing Committees' Reports, reports of interesting cases of disease and District County Societies' Reports are given in full in the Condensed Transactions of our State Society for the years 1766-1859; also various acts passed by the Legislature in reference to our Society's powers and privileges as well as the early Colonial and State laws concerning medical practice and public health; also lists of doctors licensed to practice by the presidents of our State Society when licenses were granted by them under existing laws. There is also a list of sev-

eral certificates of physicians announcing the names of those who had begun the study of medicine under their preceptorship.

This volume of Transactions, edited by Dr. Stephen Wickes, is a most valuable one and is worthy of careful study, but unfortunately there are only a few copies that have been preserved.

#### AMERICAN MEDICAL ASSOCIATION

Do not forget the 67th Annual Meeting at Detroit, Michigan, June 12-16. An exceptionally good program has been arranged. See full accounts in the A. M. A. Journal, May 6th.

#### CHANGES IN JOURNAL CONTENTS.

We were compelled at a late day to change the intended contents of this month's Journal by leaving out the pictures of the hospitals, except the State hospitals and other State institutions of whose inception and organization our Society was largely instrumental in securing. This was partly due to the large amount of historic matter that was contributed at a late date and to the fact that many hospitals sent only photographs instead of mounted plates, which would have not only involved immense expense, but plates could not be procured in time. We expect to insert many of them in our July and August issues of the Journal. We insert this month cuts of deceased officers and members and a few living ones, of whom photographs were sent us. We very deeply regret that we have been compelled to omit very many eminent men who rendered distinguished service to our Society as well as to their profession and their country; but we will give additional ones provided mounted cuts are furnished—not photos. We are under great obligation to Mr. J. A. MacClary, who is preparing a history of the medical men of New Jersey and of interesting incidents in the lives of medical men of past generations; he has favored us with many illustrations for this issue of our Journal. We thank many others for similar favors received and especially Drs. F. J. McLoughlin, of Jersey City; F. W. Pinneo, of Newark; and E. J. Marsh, of Paterson, also Mr. John P. Wall, a local historian of New Brunswick.

Many of our biographical sketches, given in this issue of our Journal are taken largely from Dr. Wickes' excellent volume on the History of Medicine and Medical Men, published in 1879.



## RUTGERS COLLEGE.

It is a singular coincidence that this college and our Society were both founded in the same year—1766 and that, therefore, we both celebrate this year our 150th anniversary. We extend to the president, trustees and faculty of Rutgers College our heartiest congratulations, not only because we recognize the fact that our histories have been running for an equal period of time, but also because of the splendid record that college has made and its brightening prospects, under the presidency of Rev. Dr. W. H. S. Demarest, of still greater progress in the near future. And we recall another fact that during all the past years this college and our Society have both been striving for higher standards of education.

The college number among its alumni many men of National and some of world-wide reputation. Our Society's membership, past and present, has a goodly percentage of its graduates whose ability, character and success bear testimony to the excellent preparation this college gave them in securing their medical education. In its early infancy the college had a medical school with able professors, but its finances were inadequate and there were no millionaires to encourage higher education of medical men, and the wise men at its head determined that if it *could* not conduct a first-class medical department it *would* not continue as an inferior school. Would that the 65 medical schools that have been compelled to go out of existence the past few years had had as wise men a few decades earlier and ceased voluntarily, or better, that some of them had never organized. The college has been called a *small* college, but it is *growing bigger* every year.

## A PREDICTION FULFILLED.

When the present Publication Committee took charge of the Journal a change in its advertising pages was instituted. By joining by contract the Co-operative Medical Advertising Bureau, owned and controlled by the American Medical Association, we obligated ourselves to a course which decency and honesty had dictated long ago, but which had not been assumed because of the loss of revenue which it entailed and which, unaided, would have threatened the existence of the Journal.

But confident that the old adage that honesty is the best policy had more than a modicum of truth in it, we undertook the step

and its wisdom has been amply proven. We have had financially a threefold return; but more important than this, we can stand with head erect, conscious that we must no longer make apologies for taking money from advertisers of goods who shun the limelight of publicity both for claims and motives.

Thus then is our prediction of October fulfilled; for as the world measures all ventures by the double standard—ethics and financial success, we have "made good." We have regained our self respect and are proud of our advertising pages and from the standpoint of our financial intake we have nothing to regret because of our bargain with the Co-operative Medical Advertising Bureau.

In conclusion, there is this thought to add. We can again prophesy still further material gains if we can succeed in persuading all our readers to do two very vital things. It may seem tiresome to have these reiterated in season and out, but if they will make it a point to patronize *that* dealer who gives the Journal his advertisement and in so doing call his attention to the fact that your buying from him is a direct result of his advertisement, we can safely guarantee not only to make the Journal henceforth totally self-supporting, but in time turn into the State Society Treasury a valuable return; or perhaps better still, if so desired by the members, increase our reading matter in a great measure, embellish our pages, and make them more attractive to those authors who now send their productions to other journals outside of the State.

There is plenty food for thought here. Let us hope that the Publication Committee of next year will be able to say again that this prediction is fulfilled.

A. A. S.

## COUNTY EDITORS.

To those members of the Publication Committee who know with what difficulties the position of the Editor is fraught, it has seemed almost imperative to aid him by a word of appeal to the various county societies, their officers and their individual members. We assure you that we are exceedingly anxious to portray every field of medical endeavor; we welcome constructive criticism; we want honest destructive criticism. It is easy to get plenty of the latter; but what one man dislikes another looks for and praises and so far the balance has been equal. But we can do bet-

ter if given half a chance, and it is "up to you" if you are to get what YOU want.

No paper read in New Jersey, either at County Society or at special society meetings should be allowed to get away from the Journal. Some one should have interest enough to see that the paper he and a roomfull heard, receives the courtesy of a more extended audience in the imprint of the Journal. The authors themselves if they are members of the State Society should be proud to present their views to a more numerous audience; for if their thoughts are worth expression at all, the more they meet other thoughts the more potent they get, for the more facets the diamond has, the more lustrous the rays and the more valuable it becomes to its possessor.

But that is only one phase of this matter. Most members belong to that class who are proud of their endeavors and are willing to share with their colleagues the benefits their studies have acquired for them. But at times through diffidence, modesty or a sense of false proportions, men do not feel like sending their productions to the editor; then if there were someone on the spot to take it upon himself to encourage the diffident one, to ask for a copy of his paper so that the State might know of his good work, or might discuss his ideas pro and con, many of the valuable papers now mouldering in pigeonholes, would pay for the work entailed in preparing them by being preserved in our Journal as a proof of the literary endeavors of our members.

It will be remarked that this is the duty of the County Reporter. With a half of a dozen exceptions, the County Reporters think that a half of a dozen lines recounting in a bare outline, the facts that a meeting was held of their society, is the acme of their literary and news output, and one of the heaviest crosses the editor has to bear, is the remissness on the part of the Reporters, both in sending in their reports at the last minute, and in their stinginess with the wealth at their command.

As an aid to our Editor, some of us have contemplated some such scheme as follows: Why not make our County Reporters associate editors? Make them responsible for all the news in their jurisdiction; ask them to be alert and "on the job" to procure for all the State those papers that only a few are privileged to hear. COME ON, REPORTERS—SPEAK UP.

A. A. S.

## OUR ADVERTISERS.

Advertising no longer consists of a jumble of words and list of articles for sale. Advertising has become an art and has developed experts who devote hours of time in preparing copy and conveying a message direct to the reader. Advertisements are silent salesmen that appeal to the possible new customer or consumer. As such they are paid a monthly salary in the form of a rate charged for the space they occupy in a given publication. The firms employing these silent salesmen expect that the money thus expended will bring them returns just as they expect the store salesmen to produce results in return for the salary they are paid. The salesman who doesn't sell goods is removed from the pay roll. The advertisement—silent salesman—that does not sell goods is likewise discontinued.

This is what we wish to impress upon our members and readers. The advertisements in each issue are absolutely necessary for our publication's financial welfare. Without them we cannot print the *Journal*. They are not donations. The advertiser expects they will bring him "sales" and business. If they don't, he is going to order their discharge.

We accept none but honest advertisements from honest dealers. Our readers may depend upon them. They are your patronizing friends and are deserving of your patronage. They offer you constantly articles that you use and consume in your daily work. They are entitled to your business. By perusing our advertising pages from month to month much information may be gained and bargains obtained in the supplies you need. Suggestions contained in some of these advertisements are bound to be of value to you. Every issue contains some message to every reader. To this end then, we are urging that you grasp these occasions for securing personal profits. By so doing you will enable your Publication Committee to continue these advertising contracts, secure additional ones and thus continue the standard of our publication.

The following family names have been carried down from three to five generations of medical men in New Jersey, as specified below:

Five generations—Butcher; Elmer.

Four generations—Marcy; Pierson.

Three generations—Burnet; Condit; Cook; English; Fisler; Forman; Gray; Hornblower; Ill; Marsh; Neer; Newell; Sharp; Sutphen; Way.



## SECRETARIES AND TREASURERS.

The County Societies' Secretary and Treasurers' Association will meet in the New Monterey Hotel at some time during the State Society's meeting, probably taking dinner together on Thursday, June 22.

There will be reports presented and discussion of topics calculated to increase the efficiency of the work of these officers. It is important that there shall be a full attendance of these officers at the meeting. Dr. Daniel Strock is secretary of the association.

## ALUMNI GATHERINGS.

The members of the Alumni Associations of the various medical colleges will meet in the Hotel Monterey probably on Tuesday, June 20, after the regular evening session of the State Society.

We call YOUR special attention to the following notices. *They are very important:*

The Board of Trustees' first meeting at Asbury Park, will NOT be on Tuesday morning, the 20th as stated in the program, but on Monday evening, June 19th, at eight o'clock, in the New Monterey Hotel.

Admission to the Banquet on Wednesday evening, June 21st, will be by ticket issued by the Credential Committee and they must be stamped at the office of the Hotel.

Officers, delegates and guests, stopping at the New Monterey, or the Columbia Hotel will receive tickets free; all others will receive tickets on payment of one dollar and a half per ticket at the hotel office.

If you have not yet engaged your rooms at the hotels, please do so at the earliest possible time, as it will greatly facilitate the managers' efforts to provide for the comfort and enjoyment of their guests, which they are very anxious to do and it will enable them and also the Local Committee to make adequate provision for the banquet and other social functions. Address, The New Monterey Hotel, Asbury Park, N. J., stating the accommodations and the rates you desire. See statement of rates in the program or on subsequent page of this Journal.

According to a suggestion made by sev-

eral members, we request that all who attend our annual meeting will refrain from animated conversation that would render hearing difficult, in the IMMEDIATE NEIGHBORHOOD of the room where the House of Delegates and the General Sessions convene, when those bodies are in session.

We are glad to state that at a meeting of the General Committee of Arrangements, held in the New Monterey Hotel, Asbury Park, June 3rd, Manager Dennis presented a very encouraging report, from which we learned that the number who had already engaged accommodations at the hotels for our Anniversary meeting is *much larger* than ever before at so early a date preceding an annual meeting. This seems to justify the Committee's previous belief that we shall have a very large attendance and we suggest that those who are planning to attend had better secure their accommodations early. Committee.

## PATRONIZE OUR ADVERTISERS.

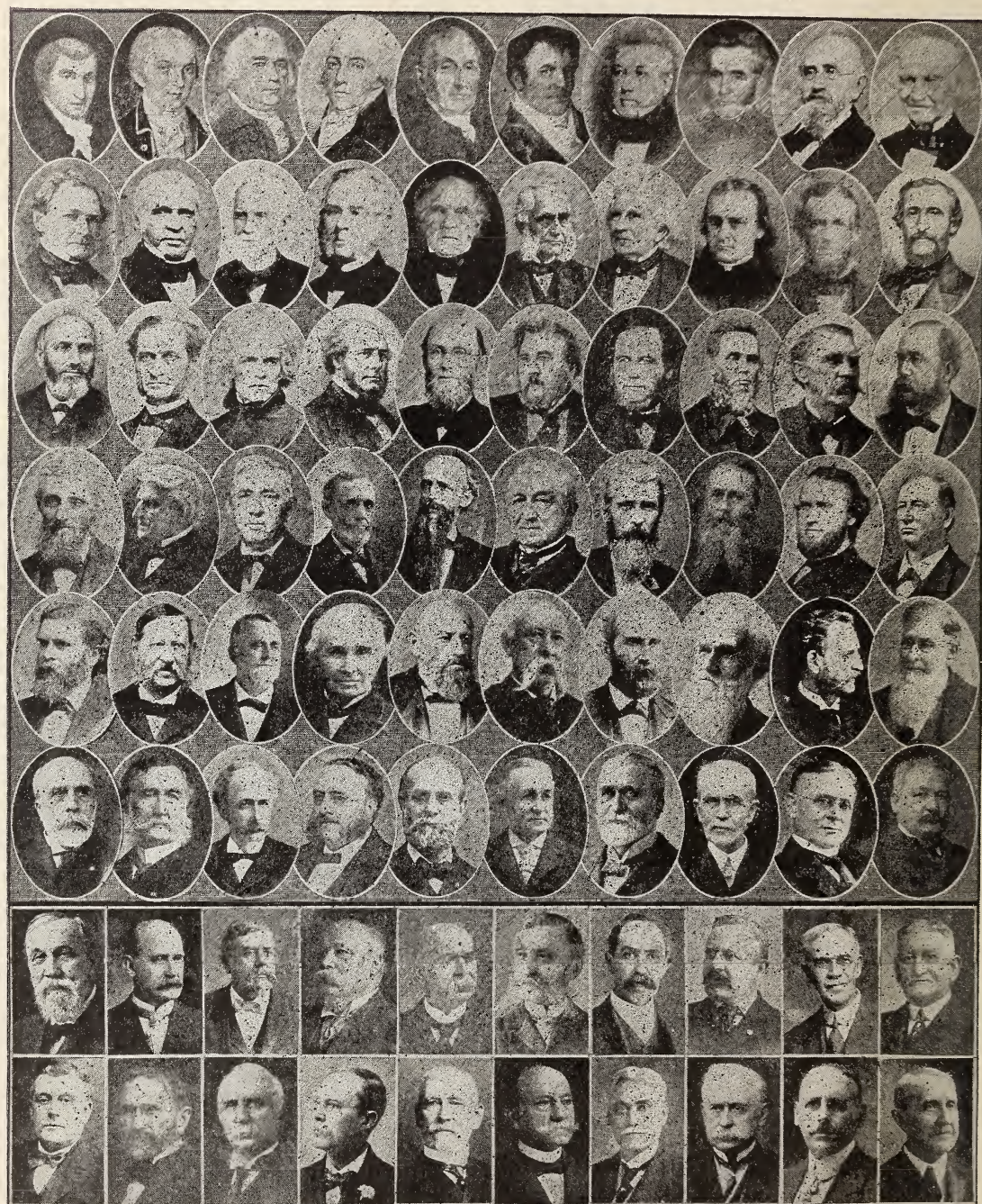
If you have the slightest appreciation of The Journal, show it by patronizing the advertisers, for the advertisers must receive your patronage in order to justify them in continuing their advertising, and The Journal must have the advertising in order to exist. You, appreciative reader, may not know that for the year 1914 the publication of The Journal cost nearly one thousand dollars more than it has cost for any preceding year, and yet such is the case, and the increased cost is coming from the advertising income and not from what you have been paying as a subscription. To neglect or to refuse to patronize advertisers would mean to cut down our income, and to cut down our income means to publish no journal, or, at the most, a journal that is not worthy of the name. We do not like to harp on this subject all the time, but we are forced to do so, as we realize that the ordinary doctor is a thoughtless and unsympathetic sort of a cuss out of the sick-room, and while he means well he usually has to be stirred to action with a sharp stick if his help is wanted outside of professional duty.—Indiana Med. Soc. Jour.

The board of health consists of three square meals a day.

Some marriages are arranged in the drawing room and disarranged in the court room.



## Fellows of the Medical Society of New Jersey, 1766-1916.



The above picture of eighty portraits is the first collective representation of the Fellows of the Society that has ever been made.

On account of the limited time in preparing this picture, which was specially made for this issue of the Journal, nine omissions were necessary, namely: Samuel Forman, 1814; Wm. B. Ewing, 1823; Jephth Munn, 1828; Henry Van Derveer, 1836; Samuel Hays, 1834; Jabez G. Goble, 1839; Zachariah Reed, 1842, and Isaac Coleman, 1858, all of which will appear in the State History.

So far as is known, pictures of all the other Fellows of the Society are unobtainable. This plate has been kindly loaned by Mr. J. A. MacClary of Rahway.



To determine the names in the picture by the printed list, read across the picture by rows from left to right.

- |    |                             |    |                               |
|----|-----------------------------|----|-------------------------------|
| 1  | William Burnet, 1767.       | 41 | John V. Schenck, 1876.        |
| 2  | John Cochran, 1768.         | 42 | Henry R. Baldwin, 1877.       |
| 3  | Isaac Smith, 1771.          | 43 | John S. Cook, 1878.           |
| 4  | John Beatty, 1782.          | 44 | Alexander W. Rogers, 1879.    |
| 5  | Lewis Condict, 1810.        | 45 | Alexander N. Dougherty, 1880. |
| 6  | James Lee, 1820.            | 46 | Lewis W. Oakley, 1881.        |
| 7  | Augustus R. Taylor, 1822.   | 47 | John W. Snowden, 1882.        |
| 8  | William D. McKissack, 1826. | 48 | Stephen Wickes, 1883.         |
| 9  | Thomas Yarrow, 1831.        | 49 | Phanett C. Barker, 1884.      |
| 10 | Fitz Randolph Smith, 1822.  | 50 | Joseph Parish, 1885.          |
| 11 | Benjamin H. Stratton, 1838. | 51 | Charles J. Kipp, 1886.        |
| 12 | Ferdinand S. Schenck, 1841. | 52 | H. Genet Taylor, 1888.        |
| 13 | George R. Chetwood, 1844.   | 53 | Beriah A. Watson, 1889.       |
| 14 | Robert S. Smith, 1845.      | 54 | James S. Green, 1890.         |
| 15 | Charles Hannah, 1846.       | 55 | Elias J. Marsh, 1891.         |
| 16 | Samuel H. Pennington, 1848. | 56 | William Elmer, 1895.          |
| 17 | Joseph Fithian, 1849.       | 57 | William Pierson, 1900.        |
| 18 | Elias J. Marsh, 1850.       | 58 | John D. McGill, 1901.         |
| 19 | John H. Phillips, 1851.     | 59 | Edmund L. B. Godfrey, 1902.   |
| 20 | Othniel H. Taylor, 1852.    | 60 | Henry W. Elmer, 1905.         |
| 21 | Samuel Lilly, 1853.         | 61 | John W. Ward, 1887.           |
| 22 | Alfred B. Dayton, 1854.     | 62 | George T. Welch, 1892.        |
| 23 | James B. Coleman, 1855.     | 63 | John G. Ryerson, 1893.        |
| 24 | Richard M. Cooper, 1856.    | 64 | Obadiah H. Sproul, 1894.      |
| 25 | Thomas Ryerson, 1857.       | 65 | Thomas J. Smith, 1896.        |
| 26 | John R. Sickler, 1859.      | 66 | David C. English, 1897.       |
| 27 | William Elmer, 1860.        | 67 | Claudius R. P. Fisher, 1898.  |
| 28 | John Blaine, 1861.          | 68 | Luther M. Halsey, 1899.       |
| 29 | John Woolverton, 1862.      | 69 | Henry Mitchell, 1903.         |
| 30 | Theodore R. Varick, 1863.   | 70 | Walter B. Johnson, 1904.      |
| 31 | Ezra M. Hunt, 1864.         | 71 | Alexander Marcy, Jr., 1906.   |
| 32 | Abraham Coles, 1865.        | 72 | Edward J. Ill, 1907.          |
| 33 | Benjamin R. Bateman, 1866.  | 73 | David St. John, 1908.         |
| 34 | John C. Johnson, 1867.      | 74 | Benjamin A. Waddington, 1909. |
| 35 | Thomas J. Corson, 1868.     | 75 | Thomas H. Mackenzie, 1910.    |
| 36 | William Pierson, 1869.      | 76 | Daniel Strock, 1911.          |
| 37 | Thomas F. Cullen, 1870.     | 77 | Norton L. Wilson, 1912.       |
| 38 | Franklin Gauntt, 1872.      | 78 | Enoch Hollingshead, 1913.     |
| 39 | Thomas J. Thomason, 1873.   | 79 | Frank D. Gray, 1914.          |
| 40 | George H. Larison, 1874.    | 80 | William J. Chandler, 1915.    |

## THE DOCTOR'S DUTY TO OTHERS.

The days of intrigue and trickery in the medical profession are past; professional acumen and skill, like the good, old-time religion, can not be valued nor bought in dollars and cents. A right minded physician is always fair and honest. Both honesty and dishonesty, honor and knavery, cannot co-exist in the same individual at the same time. In the medical profession, it takes only a short time for the gossip to run his course and then break his neck tumbling over his own stumbling block. It's the same old story—the disturber reaping the harvest of the idle gossip that he helped to spread abroad. That has always been the case in this county. The profession is more honorable to-day than it has ever been before; it pays to be square even if pay-day is sometimes late in showing up. Brethren, court the presence of honest persons and avoid strife by shunning the idle

tattler, for it will be sweet peace to your slumbers.—*Monthly*, Bucks County (Pa.) Medical Society.

Can the general practitioner be a specialist, or, in other words, can the general practitioner do high class work along some special lines and at the same time take care of general practice? Without going into detail we would say most emphatically, yes. The specialist of today was the general practitioner of yesterday, only a step from one to the other.

The question will naturally arise as to the best method of putting into operation the conditions that should more generally exist. In rural communities the ideal method would be team work. Physicians by common consent or by organization could work in team. This we believe would give the most efficient and satisfactory service.—Exchange.



## The 150th Anniversary of the Medical Society of New Jersey

### Business and Scientific Sessions

### Place, Programs, etc.



**The New Monterey Hotel, Asbury Park, the Society's Headquarters, June 20-22.**



**The Columbia Hotel, Asbury Park.**

#### **Meeting of the Board of Trustees.**

The Board of Trustees of The Medical Society of New Jersey will meet in annual session on Monday evening, June 19th, 1916, in the Room of the Committee of Arrangements at the New Monterey Hotel at eight o'clock. A full attendance is requested.

JOHN W. WARD, Chairman.  
DAVID C. ENGLISH, Secretary.

The rates at the New Monterey are as follows: Two persons occupying a twin-bedded

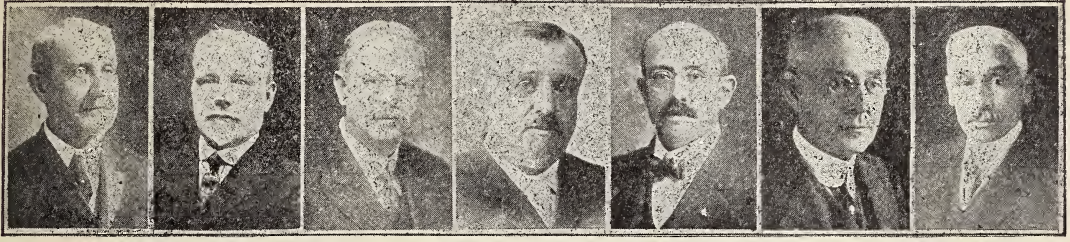
room with private bath, \$8 per day for the two; two persons occupying a twin-bedded room, no bath, \$7 per day; two persons occupying a room with double bed, \$6 per day; one person in a room, \$3.50 per day.

The overflow will be accommodated at the Columbia, across the street from the New Monterey, at rates 50 cents per day, per person, less than those given above.

The minimum rate for those coming to the meeting for the banquet, a lodging and breakfast next morning will be \$3 per person.



# The Officers of the Medical Society of New Jersey, 1915-1916



W. J. Chandler *President* Philip Marvel *1st Vice-Pres.* W. G. Schauffler *2nd Vice-Pres.* T. W. Harvey *3rd Vice-Pres.* H. A. Stout *Cor. Sec.* T. N. Gray *Rec. Sec.* A. Mercer *Treas.*

The State Society at its annual meeting in June, 1914, appointed a Committee of Arrangements for the celebration of its 150th Anniversary; the Committee reported at the annual meeting in 1915, and it was reappointed and given full charge of the arrangements for the celebration. We insert the picture of our officers and also of the Committee.

The other members of the Committee are Drs. J. A. Hill, W. W. Beveridge, Edwin Field, L. D. Wise, W. G. Schauffler, B. S. Keator, J. H. Bryan and Messrs. W. C. Hope and T. Frank Appleby.

The following is a brief outline of the Program of the Meetings of the House of Delegates and the General Sessions:



The General Committee of the Society, as above given, appointed a Local Committee at Asbury Park to have charge of the local arrangements there of which Dr. Wilbur is chairman.



GEORGE F. WILBUR, M. D.

## OUTLINE PROGRAM.

TUESDAY, JUNE 20, AT 10 A. M.

House of Delegates Meeting.

General Session 3.30 P. M.

Papers:

Education of the Nurse—Gordon K. Dickinson. Discussion opened by John C. McCoy.

General Session, 8.30 P. M.

Indications for Surgery—Edward J. Ill.

Annual Address of the President—William J. Chandler.

Oration in Surgery—Recent Advancement in Our Knowledge of Cancer, by Prof. John G. Clark, University of Pennsylvania.

WEDNESDAY, JUNE 21, 9.30 A. M.

General Session—Reception of Delegates and Guests from other Societies.

Paper—The Morbidity of Childhood and the Mortality of the Second and Following Decades, by Thomas N. Gray. Discussion opened by Dr. Johnson, State Department of Health.



House of Delegates, 2.30 P. M. Election of Officers, Committees and Delegates.

General Session, 3.30 P. M.

Address of Third Vice-President Thomas W. Harvey.

Oration in Medicine—Classification, Prognosis and Treatment in the Nephritides, by Prof. Martin H. Fischer, University of Cincinnati.

Banquet in the New Monterey at 8 o'clock P. M., followed by addresses of distinguished speakers.

THURSDAY, JUNE 22, 9 A. M.

House of Delegates Meeting—Unfinished and Miscellaneous Business.

General Session, 10 A. M.

Centennial Exercises of Somerset, Monmouth, Essex, Morris and Middlesex County Societies at 10 o'clock A. M.

General Session, 2.30 P. M.

Round-table discussion on County Societies. 10-minute talks on:

Organization, Dr. Henry B. Costill.

Scientific Work, Dr. John C. McCoy.

Social Side, Dr. Howard A. Palm.

Economics, Dr. Frank D. Gray.

Publicity, Dr. James Hunter, Jr.

The list of the Social Functions provided so generously by the Asbury Park officials, various organizations and citizens will be found on a preceding page.

We are in receipt of acceptances of several presidents of State societies in addition to those announced on preceding page.

## Correspondence

### N. J. Child Labor and Welfare Committee.

Dear sir—For more than ten years the New Jersey Child Labor Committee has been engaged in promoting public interest and in securing legislation to improve the condition of children in industry. We now have legislation which fairly well covers the subject of school attendance and child employment. This year it has been decided to widen the scope of the activities of this committee and this is indicated by our new title: "The New Jersey Child Labor and Welfare Committee." It is now desired that representation on this committee should include delegates from every agency and organization engaged in any way in child welfare.

Will you kindly place this matter before your organization and will you not co-operate with us by appointing a member of your organization as a representative on the committee? We enclose a card for the purpose. The expenses of our committee are small and have

been met in the past by voluntary contributions.

A successful conference on child welfare was held by this committee in connection with the recent N. J. conference in Hoboken. Another such conference will be held in October. We hope a representative from your organization will attend.

Kindly report before May 25th and oblige,

Yours very truly,  
Mrs. J. R. Paddock, Cor. Sec'y.

### Influence of Journal.

We received the following note last month from a friend who probably gives us more credit than we deserve. We insert it because it shows one of the distant places to which the Journal goes.—Editor:

Dear Dr. English—This letter is just passed on to you to show you how far the Journal's influence extends. T. R. Chambers.

The following is the letter:

Shanghai, China, March 31, 1916.

Dr. T. R. Chambers, Jersey City.

Dear doctor—It would be esteemed a very great favor indeed, if I might have a reprint of your article on "Experiences with Emetine" in the New Jersey Medical Society Journal, August, 1915.

With thanks in advance, I am,

Very sincerely yours,

A. R. Kilgore.

Dr. Kilgore is one of the consultants of the Harvard Medical School of China.

## Miscellaneous Items.

### American Association of Anesthetists.

The fourth annual meeting of this association will be held in Detroit, Mich., on June 12, 1916, under the presidency of Dr. Willis D. Gatch, of Indianapolis Ind. An interesting program, consisting of fifteen papers and including an address by the president and reports by Dr. George W. Crile, of Cleveland, Ohio, and Dr. Joseph C. Bloodgood of Baltimore, Md., has been prepared. The scientific session will be followed by a banquet at the Hotel Tuller.

### American Association for the Control of Cancer

In association with the N. Y. Academy of Medicine, this association held its annual meeting at the Academy May 18. The speakers were Dr. L. I. Dublin, statistician of the Metropolitan Insurance Co.; Dr. F. C. Wood, director of cancer research in Columbia University, and Dr. George D. Stewart, of Bellevue Hospital. Drs. J. C. Bloodgood, J. A. Hartwell, Eugene H. Pool, David Bovaird and W. R. Williams joined in the discussion which was rather discouragingly inclusive as regards both the causation and treatment of cancer.—Medical Record.

### American Medical Editors' Association.

The annual meeting of this association will meet at the McAlpin Hotel, New York City, on October 25th and 26th. This meeting will be devoted exclusively to problems of a strictly



journalistic nature, which will be of importance and interest to every editor and publisher of a medical journal. Further notice will be given later.

Dr. Edward C. Register, of Charlotte, N. C., is president and Dr. Joseph McDonald, Jr., of the American Journal of Surgery is secretary and treasurer.

#### Amercian Proctologic Society.

This society will hold its annual meeting at Detroit, Mich., June 12 and 13, 1916. An excellent program has been recently issued which gives promise of an interesting and profitable meeting.

The Somerset County Mosquito Extermination Commission, of Which Dr. C. R. Fisher is president, has received a donation of \$50 from the Bound Brook Board of Trade.

#### Why Should Not America Lead?

Dr. William J. Mayo, of Rochester, Minn., said in addressing the Southern Minnesota Medical Society in August:

Germany is the only country which can be said to have a national school of surgery and from it we have profited greatly. Germany has given us more than all the other countries together, but the German school is German made; they have learned little from the world at large.

I have often been asked if there is an American school of surgery. It does not exist in the way we would say it exists in Germany. We have in America a greater number of scientific travellers who have brought home the good from every land. Our surgery is cosmopolitan, based on the best in all countries, improved upon and made a part of our practice. American practice is too broad to be national. It had the scientific spirit and science knows no country.

Within 100 years we have seen the leadership of medical science pass from England to France, from France to Germany. Modesty prevents me from naming this country to which it will go next.

#### Factors Responsible for Gaseous Gangrene.

Dr. Kenneth Taylor, in the January Lancet, describes his experiments upon the products of the bacillus which are responsible for the pathological changes in the clinical infections and in the experimental laboratory animals and concludes as follows: 1. The gas produced by the *B. aerogenes capsulatus* is of little or no importance as a toxic factor. 2. The mechanical action of the pressure produced is usually, if not always, the most important part of the infection. To it may be charged the development of highly pathogenic possibilities in a usually rather innocent infection. It brings about (a) the death of the tissues from the resulting anaemia produced by a pressure much higher than that of the circulating blood; (b) the actual mechanical fragmentation of the tissues, especially muscle; and (c) the mechanical scattering of the infection. 3. One of the chief problems in the treatment of the infection is that of establishing drainage for the escape of the gas before the pressure has resulted in the death of the tissue.

**Pain in Breast Cancer.**—Pain has been looked upon as a valuable symptom, particularly as applied to tumors of the breast, but it is most misleading. Up to the point of cell degeneration and breaking down of tissue or where there is pronounced pressure upon adjacent structures, cancer, in its early stage, is not painful. Rodman says that rarely if ever does cancer of the breast become painful the first year. If we wait for pain to develop often the day of salvation is past.—Dr. Rardon in Ohio State Med. Jour.

#### Dr. Abraham Jacobi on Attending Meeting.

At the recent annual meeting of the New York State Society, Dr. Jacobi, in a brief address said: He wanted to remind them that it was good to look back and to see what was behind them and to examine the forward strides that had been made by the medical profession that had made it what it was today. He said there was one thing they could all do to help forward the progress of the medical profession, and that was to come to the meetings. If one could not do anything else he could come to these meetings. This much he proposed to do himself, next year, ten years, and perhaps twenty-five years from now.

Dr. Jacobi is one of the busiest men in our profession but he takes time to attend his societies' meetings.—Editor.

#### Twilight Sleep and the Doctors.

It is well to be reminded by the "American Journal of Surgery" that the protagonists of the loudly heralded twilight sleep have always been much given to enthusiasm and that "this is not the first stampede engineered by Kroenig and Gauss." The illustrious teachers of Freiburg were no less zealous and unrestrained a few years ago in glorifying the possibilities of radium and mesothorium, and before that they were among the most extravagant advocates of the Roentgen rays. Their questionable promises and predictions on those occasions should be remembered in measuring the probable value of their present estimate of the newly popularized method of painless childbirth.

It has been intimated that the medical men are in a conspiracy against this great method, but the truth is that hitherto the medical men have not had much of a hearing. The popular movement began here with a more or less grotesque article in one of the magazines by two women who were obviously inexperienced reporters, and since then it has been carried on in the main by people utterly unqualified to judge of the matter, but ready enough to abuse the doctors for not falling in with their enthusiasm. The "sociological department" of a certain medical publishing company took it up, produced a series of moving pictures supposed to represent the process in a dramatic manner, and made use of the occasion to advertise their next great "educational" production—a play of which the theme was a secret "for important reasons, which cannot now be divulged," but a play promising "the most horrible climax on the American stage."

The way in which twilight sleep has been advertised is in short altogether objectionable, resembling the method used by Dr. Saleeby

and others when trypsin was introduced as the great treatment for cancer. Now that experienced physicians are at last securing a hearing, it seems probable that its merits were enormously exaggerated, but in any case it is already obvious that it has had a fair trial in this country.

### Contract Practice.

From the Maine Medical Society Journal.

This is probably one of the largest factors tending to lower the standards of the medical profession, and has received a great deal of consideration in State and county societies during the past ten years. It is again called to our mind by the inauguration of the new Workmen's Compensation Act, and its possibilities along this line.

Contract practice in its true sense is in no wise objectionable, providing the physician or surgeon is paid in proportion to the services rendered, as is the case with the railroads and other large business corporations where the directors have recognized the necessity of employing experts, in both the legal and medical profession, to safeguard their interests, and find it economy to pay them liberally for their services. These forms of contract do not aim to evade reasonable payment, but rather to keep in the employ of the corporation a man who has become proficient in this particular line of work.

When contracts are entered into by members of the medical profession calling for an unlimited amount of time and service, for small compensation annually, they not only injure the physician, but the profession which they represent. It would be difficult to enumerate the large number of lodges and fraternal organizations having the so-called "sick benefit" as an inducement to new members, and whose membership would average 300 to 400, while the lodge doctor gets \$200 or \$300 a year. It would be safe to say that if this physician made the necessary amount of calls that his compensation per visit would be only a fractional part of a dollar; even lodge members, although willing to use him in small matters, would usually employ some one else when seriously sick or compelled to pay for services. The reason is obvious, in that the lodge doctor places so low a value on his time and services that they have very little confidence in him. It is only natural that the laity should take him at his own value, and should he continue to follow this work any number of years, he could never get away from the value he had once set.

Penobscot County Medical Society handled this matter in a very satisfactory way, in that all members agreed to give up their lodge work. The constitution and by-laws were amended so that no new member would be taken in who had anything to do with fraternal lodge benefits. This subject has been taken up in some few of the other county societies with the result that some action was taken towards eliminating this type of work. Cumberland County has done the least, and is probably the worst offender. Shortly after the Workmen's Compensation Act went into effect, we learned of several instances where two or more physicians, who were working together in a community, immediately had an understanding that they

would not enter into competition for contracts with corporations in their community. One county society has this under consideration, and we must concede the fact that the wording of the law leaves the matter of selecting the physician or surgeon to the corporation.

Under the provisions of this act, a large body of patients, who were, heretofore, considered charity cases, are placed in a position where they can pay their bills to a certain extent. The medical profession has always given freely of its time, regardless of whether or not the patient could pay. If this act provides some security for him, it is only right that the benefits should come to the men who do the work, and not to the corporation or insurance company. If we accomplish this end, the profession as a whole should take a firm stand against entering into contracts, particularly where they are thrown open to competition with the idea of getting physician's services for less than their actual value.

### Effects of Noise and Colds on Hearing.

From editorial in The Providence Med. Jour.

One of the special senses which suffers by reason of neglect of ordinary precaution is that of hearing—at once the most useful and at the same time one of the most abused of the special senses. The strain and turmoil of modern existence have dulled the acuity of hearing, so that what we call normal hearing is far inferior to that of the lower animals and the primitive races.

The deleterious effect of noise on the nervous system is well known, but the effect of noise on the hearing is just as certain. It is a fact well known that boilermakers sooner or later become deaf; the constant din simply wears out the acoustic nerve, and the same is true to less extent of workers in noisy factories and machine shops. To still less extent, but none the less surely, does the rumble of trolleys, the jangle of bells, the screeching of horns and other noises incident to city life affect the hearing of the entire community, so any measure that prevents unnecessary noise not only stops a nuisance, but conserves the health and hearing of everybody.

No one who would delay seeking the best advice obtainable if he suspected he were going blind, yet numberless people of all classes who, when they know that they or their children are getting deaf, will disregard it entirely or try various home remedies. The essential organ of hearing is just as delicate as that of the eye and should be treated with equal respect. Deafness, though a great handicap to an adult, is to a child nothing less than a calamity, which will affect his mental development and his entire life, for a child born deaf or becoming so before learning to speak will of a certainty be mute, and only years of the most laborious effort and painstaking instruction will give that child the faculty of speech which hearing children acquire without seeming effort.

One common cause of deafness is the head cold; everyone has probably experienced the stuffed-up feeling in the ear that often accompanies a cold in the head. This usually goes away with the disappearance of the cold,



## Nurses' Training Schools

### Cooper Hospital, Camden, Training School.

This Training School for Nurses held its graduating exercises in the parlors of the hospital on the evening of May 24, when thirteen young women received their diplomas. Dr. Thomas B. Lee, gynecological specialist of the hospital staff delivered the address to graduates in an eloquent, practical manner in which reviewed the wonderful and almost angelic career of Florence Nightingale in the Crimean war. Dr. J. L. Mahaffey awarded the class prize; Dr. A. Haines Lippincott the class pins, the diplomas being presented by President Augustus Reeve of the board of trustees.

### Newark City Hospital Training School.

Twenty-four nurses received their diplomas and badges last month at the graduating exercises of this school last month. Dr. C. Fred Webner made the introductory address. Dr. William S. Disbrow presented the diplomas. Father Dolan delivered the address of the evening on "Character Building" and urged lofty ideals.

### Overlook Hospital Training School.

This school at Summit held its graduating exercises on the evening of May 25 in the auditorium of the Lincoln School. Dr. Robert H. Hamill presided, Dr. Lawrence being detained by illness. Dr. D. E. Englich gave the address to the nurses. The diplomas were presented by Dr. Hamill.

### St. Peter's Hospital Training School, New Brunswick.

The graduating exercises of this school for nurses were held in Columbia Hall, New Brunswick, on the evening of May 31st, when seven young women received their diplomas.

Dr. F. M. Donohue, president of the medical staff presided. The annual address to the graduating class was delivered by Dr. John F. Hagerty, of Newark, and it was an excellent one. The dean of the staff, Dr. J. W. Rice, in a practical address presented the graduates to Monsignor J. A. O'Grady, who in a few remarks presented the diplomas to the graduates.

practice in Caldwell, N. J., then in South Covington, Conn. He moved to Newark fifteen years ago where he continued to practice till a few days before his death. He was a member of Kane Lodge F. and A. M., also of the Atlantic Building and Loan Association and of the Republican County Committee. He was jail physician in Newark for several years. He was a member of the Essex County and the State Medical Societies.

**EVERITT.**—At Jersey City, N. J., May 15, 1916, Dr. John Robert Everitt, aged 69 years. Dr. Everitt graduated from the Long Island College Hospital, Brooklyn, in 1872. He practiced in Jersey City; was surgeon to the Jersey City and Emergency hospitals; for 30 years was a member of the Jersey City Board of Health.

**KEEVER.**—In Newark, N. J., April 7, 1916, Dr. Archimedes S. T. Keever. He graduated from the St. Louis College of Physicians and surgeons in 1883. He died in St. Michael's Hospital, aged 52 years.

**KELLEY.**—In Trenton, N. J., April 6, 1916, Dr. Edward Kelley. He graduated from the Baltimore University School of Medicine in 1887; was for a time city physician of Trenton. He died in St. Francis' Hospital, in that city, from typhoid fever; aged 62 years.

**McKENZIE.**—In Newark, N. J., May 3, 1916, Dr. William H. McKenzie, died suddenly of apoplexy at a meeting of the medical board of St. Barnabas' Hospital, at which he had been elected president.

Dr. McKenzie graduated from the College of Physicians and Surgeons New York, in 1892. He was visiting physician to St. Barnabas' Hospital; a member of the Essex County Medical Society and the Medical Society of New Jersey.

**WICKMAN.**—At Newark, N. J., May 13, 1916, Dr. Albert Wickman, aged 48 years. Dr. Wickman graduated from the N. Y. University Medical Department in 1894; practiced in Newark; was physician to the Newark General Hospital. He was a member of the county and State medical societies and of the Amer. Medical Association.

## Deaths.

**CHADWICK.**—At Asbury Park, N. J., April 24, 1916, Dr. Francis Talbot Chadwick, aged 72. He was a graduate of the N. Y. University, New York City, in 1864. He was also a druggist.

**CHRISTIE.**—At Montclair, N. J., April 29, 1916, Dr. William Alexander Christie, formerly of St. John, N. B. A graduate of Bellevue Hospital Medical College, N. Y., in 1893, aged 55 years.

**EDWARDS.**—At Newark, N. J., May 25, 1916, Dr. Philip H. Edwards, aged 43 years.

Dr. Edwards graduated from the N. Y. University Medical College in 1895; he began

## Personal Notes.

Drs. Henry H. Brinkerhoof, Jersey City, and F. M. Corwin, Bayonne, addressed the State Association of Medical Inspectors last month.

Dr. William G. Campbell, Long Branch, made an earnest plea for greater uniformity in medical inspection at the meeting of the State Association of Medical Inspection and School Hygiene last month.

Dr. Henry H. Davis, Camden, was elected president of the above-named association last month.

Dr. William G. McCormack, Whippany, has returned home from the Morristown Medical Hospital where he was confined some weeks by illness.

Dr. C. R. O'Crowley, Newark, was elected vice-president of the American Urological Association at the annual meeting held in St. Louis, Mo., in April. He was also reappointed Instructor in Genito-Urinary Surgery by the Faculty of the N. Y. Post-Graduate Medical School and Hospital last month.

Dr. Walter Post, Bloomfield, was elected president of the Club of Associated Physicians of Montclair and vicinity recently.

Dr. Harry Vaughan, Morristown, is the Prohibition candidate this year for Governor of New Jersey.

Dr. William E. Jonah, Atlantic City, announces that he has resumed practice at 1710 Pacific avenue.

Dr. George L. Johnson, Morristown, and wife last month made a motor tour through the Berkshire Valley, Mass.

Dr. George R. Moore, Trenton, was recently appointed a member of the consulting staff of the State Hospital in place of Dr. H. G. Norton, deceased.

Dr. Martin J. Synnott, Montclair, was elected secretary of the Amer. Association of Immunologists at the annual meeting in Washington, D. C., May 11 and 12.

## Books Received.

*All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.*

**Cancer of the Stomach,** Smithies and Ochsner.  
Published by W. B. Saunders & Co., Philadelphia, Pa.

This monograph based upon a detailed study of 921 cases in the experience of the author, at the University Hospital, Ann Harbor, and the Mayo Clinic, Rochester, Minn., is complete and authoritative. A study of this work is valuable for both the internist and the surgeon, and a careful reading will inform the reader, on facts relative to this condition which have never before been sustained by such large groups of cases in the experience of one writer. Much thought must be given in considering this work, as to the relation of gastric ulcer to gastric cancer. Many cases in this group have been regarded as microscopical cancer, in conformance to the views of MacCarthy and Wilson of the Mayo Clinic and their theory of what constitutes malignant and non-malignant hyperplasia, and what must be considered as the precancerous stage of the disease. This question is still a debatable one, and must be settled by the pathologist rather than the internist or surgeon, and has no effect upon the value of the work, notwithstanding the view the reader accepts in this regard.

The chapters on diagnosis are of great interest, and the importance of the proper interpretation of the clinical data (chemical, X-ray, etc.), is impressed upon the reader. The author regards the X-ray of little value in early diagnosis, he believes that the cause may be determined in early cancer more readily by chemical examination, and from the history, than from the X-ray, but in the later

stages it is of great value in the localization of tumors.

The section of the book relative to the surgery of gastric cancer, is well prepared and of practical value. Ochsner discusses his own method for gastrotomy, and gastro-enterostomy, the illustrations are good, and his description of post-operative treatment particularly valuable.

The work as a whole, in its thorough consideration of every phase of the subject, is the most important contribution to the subject of gastric cancer of recent years.

David A. Kraker.

**A Treatise on the Principles and Practice of Medicine.** By Arthur R. Edwards, A. M., M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine and Dean of the Faculty in the Northwestern University Medical School, Chicago; Attending Physician to Michael Reese Hospital, etc. Third edition, thoroughly revised, and rewritten.

The third edition of Professor Edwards' "Principles and Practice of Medicine" has been reviewed with pleasure and profit. This is distinctly a book for the practitioner or the student when he would refresh his memory with the essential details of a subject, without the labor, distractions and delay, which more voluminous description and explanation entail. The book follows the general plan adopted by modern authors on this subject. There is a very judicious apportionment of the subject matter, in the consideration of the various diseases, in respect to the relative importance of etiology, pathology, symptoms and treatment. Etiological factors, which are of such special importance in the matter of treatment, particularly of such early treatment as approaches the borderland of prophylaxis, are discussed at greater length perhaps, than is usually the case, but not in such close relationship to the subject of treatment as one might hope. The clinical pictures of the various courses which a particular disease may take, are not so elaborately drawn as in some other books on Modern Practice. One may praise this work, however, in respect to its clear-cut and terse method of expression, its completeness, and the fact that it gives rather more attention to etiological factors and treatment, in accord with the present day viewpoint.

F. C. Horsford.

## MEDICAL EXAMINING BOARDS' REPORTS

	Exam.	Passed.	Failed.
Alabama, January ..	29	9	20
Arizona, January ...	9	3	6
California, December	54	37	17
Dist. of Col'bia, Jan	13	9	4
Louisiana, Dec. ....	35	28	7
Maryland, Dec. ....	46	31	15
Missouri, Dec. ....	21	15	6
New Hampshire, Dec	4	4	0
North Dakota, Jan..	10	5	5
Ohio, December ....	9	9	0
Oregon, January ...	22	14	8
Virginia, December .	24	21	3

To "give the flowers to the living" is something we are preaching but not practicing.



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## THE TREATMENT OF DIABETES MELLITUS.\*

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The treatment of diabetes mellitus for the present, at least, is confined to measures which aim to prevent further progress of the disease. All attempts at a radical cure of this condition have thus far resulted in failure. In order to carry out therapy intelligently and effectively, it is very essential for the physician in charge to have a thorough understanding of the etiological factors involved and a realization of how these pathological processes can be turned in the patient's favor only by conscientious and unremitting attention to the minutest details.

Diabetes mellitus is, in all probability, the result of a diminished power of the pancreatic gland to produce sufficient of its internal secretion to regulate the intermediary carbohydrate metabolism. There are two methods of treating the impaired function of any organ. The first is to replace it, as is done by the administration of thyroid gland in myxedema; the second, which is only resorted to in case the first cannot be accomplished, consists in diminishing the strain upon the crippled functional process, giving it rest, that is, employing a safeguarding therapy as exemplified by rest in bed in cases of cardiac disease with broken compensation.

This principle of protecting the injured pancreatic function from excessive strain and thus enabling it to hold its own, or even allowing it to regain some of its lost power, has been the only practical therapeutic method devised, and has been accomplished

in but one way, by dietetic treatment. In diabetes, as contrasted to many other diseases, thanks to the very ready laboratory methods at hand, it is possible for practitioners to guide their patients with confidence and absolute certainty. The criteria by which the success of treatment may be measured are in the order of their importance:

1. The absence of glucose from the urine; 2. the absence of acid substances from the urine; 3. a normal level of blood sugar.

### I. RENDERING AND MAINTAINING THE URINE FREE FROM GLUCOSE.

A urine free from glucose is an indication that the organism is handling all of the carbohydrate food offered to it in the normal manner. The task imposed upon the pancreatic function is within the limits of its capacity and no sugar is excreted under these circumstances. In every case presenting a glycosuria, the urine is rendered sugar-free by dietary restrictions. This may be very readily brought about in some cases by the elimination of carbohydrate-containing elements of the food; in others, the proteins must be diminished as well, and in the most severe instances, this can be accomplished only by temporary periods of starvation, followed by a limited allowance of all three food elements, the carbohydrates, the proteins, and the fats as well.

The temptation frequently presents itself to the diabetic to attempt more agreeable and shorter paths to his salvation than by dietary restriction. The various medicinal, as well as enzyme therapies, that have been inaugurated hitherto, after having been tried out with much labor and thoroughness, have all been found wanting. The "tabloid cure" for the diabetic is, therefore, thrown into the discard and therapy resolves itself into a dietetic regimen.

\*From the Medical Clinic of the Johns Hopkins Hospital, Baltimore. Read before the Associated Physicians of Montclair and vicinity

### (a) THE LIMITATION OF CARBOHYDRATES ONLY.

In mild cases it often suffices to prescribe a diet which may be considered a qualitative and not a quantitative one, since it does not demand that the food be weighed. A convenient list of this kind is the following:

#### STARCH-FREE DIET.

*May Eat:* Soups—Clear meat broths.

Meats—All kinds of meat, fresh, smoked or cured, except liver; all meats must be prepared without flour or breadcrumbs.

Fish—All kinds of fish, but no clams, oysters or scallops.

Eggs—Eggs in any form, prepared without milk, flour or sweetening (sugar, jam, etc.).

Butter—Butter, oil and lard.

Cheese—All kinds of cheese.

Vegetables—Greens, spinach, string-beans, Brussels sprouts, asparagus, kohlrabi, rhubarb, egg-plant, water cress, lettuce, endive, cucumbers, celery, cabbage, tomatoes, sour pickles, sauerkraut, sorrel, Swiss chard, cauliflower.

Gluten Products—"Akoll" biscuits.

Desserts—Gelatin jellies (use sour white wine, brandy or coffee for flavoring).

Beverages—Tea and coffee, sweetened with saccharine (without sugar or milk); claret, burgundy, sour white wine, and whiskey in moderate amounts, Vichy and water.

Condiments—Pepper, salt, mustard, oil, vinegar.

*Must Avoid Eating:* Sugar in any form. Bread, biscuits and cakes of all kinds. Toast, crackers, rice, oatmeal (and all cereals); sago, tapioca, macaroni, vermicelli, potatoes, carrots, parsnips, beets, corn, beans, peas. All fruits, fresh, preserved and dried. Jams and jellies. Pastry, puddings and ice cream. Sauces and gravies thickened with flour.

*Must Avoid Drinking:* Milks, ales, porter, stout, beer, cider, all sweet wines, port wine, liquors, sparkling wines, syrups.

After giving such a dietary table to patients, it will repay the physician very well to have the return visit, which should occur in from 4 to 7 days, include a complete list of the food eaten for at least one or two days. It is curious to see how many of these patients make changes in a definite printed formula of this kind and still believe that they are adhering strictly to the directions. Peanuts, cake, milk—especially buttermilk ("since it is sugar free"), oatmeal or potatoes ("because von Noorden

recommended them") and, above all, "gluten bread," in all the different forms with which the commercial diabetic trap is baited, may be ingested partly through guilty innocence and partly through desire to outwit the imposed restrictions. In the report of the Connecticut Agricultural Experiment Station, on Diabetic Foods, by John Phillips Street, an up-to-date analysis of these so-called "diabetic foods," many of them fraudulent, is given. No physician treating diabetes should be without this list. Embarrassing questions concerning the availability of foods will surely be asked sooner or later, and they cannot be answered without an aid of this kind. There are several of these products which have proved themselves of great value:

Akoll Biscuits—containing a trace of starch only.

Lyster's Diabetic Flour—which, when made up into muffins, requires a small amount of cream, and is, therefore, not entirely starch free.

Sugar-free Milk (D. Whiting & Sons, Boston)—which contains no sugar.

In general it may be considered wise to allow none of these products until an analysis indicating them to be carbohydrate-free or almost so is obtained from a disinterested source.

If the patients are rendered sugar-free in a week or ten days of this diet, it becomes necessary to ascertain the tolerance to carbohydrates which each individual possesses. This is readily accomplished by adding 15 gram portions of starch at intervals to the patient's dietary and examining a 24-hour specimen of urine at the end of each period. Starch is added until sugar appears. The ordinary slice of white bread contains about 15 grams of starch. It has often been used as a standard around which to build a series of equivalents, as is given in the accompanying table.

#### DIABETES MELLITUS—THE ACCESSORY DIET OF FOODS RICH IN CARBOHYDRATES.

If the patient's urine continues to be sugar-free on a "carbohydrate-free" diet of sufficient caloric value, carbohydrate-containing foods may be added and the carbohydrate tolerance of the patient be determined. In those cases able to utilize a considerable amount of starch, the accessory diet may be varied from day to day, and use may be made of the following table, which gives the carbohydrate equivalent of one slice (1 ounce or 30 grams) of white bread, containing approximately 15 grams of starch.



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<u>Foods</u>	<u>Household Measure</u>	<u>Gms.</u>	<u>Foods</u>	<u>Household Measure</u>	<u>Gms. c.c.</u>
<u>UNCOOKED FLOURS, ETC</u>			<u>FRUITS</u>		
Barley	1 H.Tbsp.	21	Apple	1 Medium	120
Buckwheat	1 "	19	Apricots	2 Large	120
Cornmeal	1 "	20	Banana (without skin)	1/2 Medium	75
Farina	1 "	20	Cherries		90
Hominy	1 "	18	Currants	5 H.Tbsp.	120
Macaroni	1 "	20	Grapefruit	1/2 Small	150
Noodles	1-1/2 "	20	Huckleberries	3-1/2 H.Tbsp.	90
Oatmeal	1 "	22	Lemons	2 Medium	210
Rice	1 "	18	Muskmelon	1/3	300
Rye Flour	1 "	18	Nectarine	1	100
Spaghetti	1-1/2 "	20	Olives, Green	20	180
Vermicelli	1-1/2 "	21	Orange	1/2 Large	150
Wheat Flour	1 "	20	Peaches	1-1/2 Medium	150
<u>BREAD &amp; CRACKERS</u>			Pear	1 Small	100
Bread	1 Slice	30	Pineapple	3 Slices	150
Breakfast Biscuit, (Huntley & Palmer)	3	18	Plums	2 Medium	75
Cornbread	1 Slice	32	Raspberries	4-1/2 H.Tbsp.	120
Roll (Vienna)	1/2	25	Strawberries	8 "	200
Uneda Biscuit	3	18	Watermelon	Large Slice	300
Zwieback	1-1/3	20	<u>DRIED FRUITS</u>		
<u>COOKED CEREALS</u>			Apples	3 Small	22
"Force"	5 H.Tbsp.	18	Apricots	3 Large	24
Farina	2-1/2 "	125	Currants	1-1/2 Tbsp.	20
Grapenuts	1-1/2 "	20	Dates	3	19
Hominy	1-1/2 "	90	Figs	1 Large	12
Macaroni	2 "	100	Prunes	2 "	24
Oatmeal	2-1/2 "	130	Raisins	10 "	23
Rice	1/2 "	60	<u>MILK &amp; CREAM</u>		
Shredded Wheat			Buttermilk	1-1/2 Tumbler	300
Biscuit	3/4	22	Cream, 16%	1-1/2 "	300
<u>COOKED VEGETABLES</u>			Cream, 40%	1-1/2 "	300
Artichokes	1 Medium	320	Koumies	1-1/2 "	300
Beans (baked-canned)	2 H.Tbsp.	75	Whole Milk	1-1/2 "	300
Beans, Lima	1-1/4 "	50	<u>NUTS</u>		
Beets	6 "	200	Almonds	60	90
Carrots	13 "	440	Brazil	30	180
Okra	4 "	200	Chestnuts (roasted)	15	40
Onions	3	300	Cocconut	1 Slice 3x2 in.	50
Parsnips	4 Slices	120	Filberts	100	100
Peas, Green	3 H.Tbsp.	100	Peanuts	40	80
Potato (baked)	1/2 Medium	60	Pecans	35	110
Potato (boiled)	1/2 "	70	Pistachio	190	95
Potato (mashed)	1-1/2 H.Tbsp.	80	Walnuts	30	125
Potato, Sweet (boiled)	1/3 Medium	35			
Squash	2 H.Tbsp.	100			
Turnips	3 "	210			

Cream is usually the first addition made; subsequently, bread is craved and thirdly fruit; an orange or an apple are usually desired. All of these may be ordered from the accompanying table as the equivalent of so many slices of bread. In mild cases, these may be used according to the stand-

ards given under household measures; in severe cases, they should be weighed, as detailed further on.

When glycosuria manifests itself, a diet somewhat lower in starch content than that resulting in sugar excretion is prescribed. About 70% of the starches causing a mini-

mal glycosuria is a good standard to use. It is wise even in these mild cases to order one day a week of stricter diet. Those patients having a tolerance of 50 grams of carbohydrate or over may use a "carbohydrate-free" day for this purpose; those whose tolerance is less, a diet approximating the carbohydrate-free diet of 1,000 calories, which is subsequently described. In this manner, an extra margin of safety is allowed, and the patient is more certain not to overtax his pancreatic function. At the end of about two months, the urine having been sugar-free in the interval, the carbohydrate tolerance may be tested out again and, if indicated, a higher starch content employed in the routine diet.

These principles are illustrated by the following case:

URINE AND DIET CHART. C. D. C. Age 38. Diabetes Mellitus.

Date	Vol. 24 Hrs. c.c.	Glucose		Carbohydrate		Acetone	Diabetic Acid	Wt. Lbs.	Diet
		%	gms.	In- take	Balance				
1913									
May 8	4500	7.0	315.0	?	?	0	0	136	Lax, as customary
13	1920	3.0	57.6	90	+32	++	Trace	136	C.F.,* 11 Uneeda biscuit, 1/2 grapefruit.
20	1440	3.1	44.6	65	+20	++	++	139	" 6 Uneeda biscuit, 1/2 grape fruit.
Jun. 3	960	0.2	1.9	35	+33	++	++	144	" 1/2 "
17	1800	0.0	0	35	+35	+	+	147	" 1/2 "
23	1440	0.0	0	50	+50	++	+	143	" 1 "
Jul. 8	1400	0.0	0	70	+70	+	Trace	144	" 3 Uneeda biscuit, 1 grapefruit.
22	1440	0.0	0	85	+85	+	0	144	" 6 Uneeda biscuit, 1 grapefruit.
Aug. 5	2400	0.0	0	100	+100	+	0	146	" 9 Uneeda biscuit, 1 grapefruit.
19	1500	0.1	1.5	85	+83	0	0	145	" 9 Uneeda biscuit, 2-1/2 peaches

\* C. F. is an abbreviation for Carbohydrate Free.

Ambulant treatment of a case of diabetes mellitus. Note: The disappearance of polyuria and glycosuria; the increase of weight which was accompanied by an increase in strength and enabled the patient to resume his active work; the absence of any severe grade of acidosis; a carbohydrate tolerance of about 100 grams. The subsequent diet of this patient should have contained 70 grams of carbohydrate on every day of the week excepting one, when a carbohydrate-free diet should have been taken.

The symptomatic results obtained in these cases are most gratifying. The polyuria, polydipsia, pruritus, parched lips and dry skin disappear almost over night. There is a disappearance of neuralgic pains and muscular cramps within a week. A gain of strength and in some cases weight is almost sure to follow. The return of full physical vigor may require as long as two months before it is brought about. However, a firm front and unremitting insistence on a sugar-free urine by the medical adviser will obtain the desired result and usually give the patient unlimited confidence in the treatment.

There are a certain number of diabetics in every community who apparently set at defiance all rules of treatment, eat as much of the forbidden articles of food as they

desire, excrete enormous quantities of sugar and yet apparently do well. These persons constitute a great element of danger to the attitude of other diabetics as well as physicians. To overlook quantities of sugar below one per cent., to make a pilgrimage to Carlsbad or other "Kur Ort" native or foreign, become sugar-free and then transgress dietetic limitations at will for the remainder of the year, to discard all irksome food restrictions because Mrs. B. eats what she wants to, feels well and has a generous



contempt for the opinion of all medical men and her own physician in particular on this question, are all episodes of common occurrence. There may be some individuals who maintain their health for a long period under such conditions, but they are very few. If acidosis and coma, or weakness and emaciation do not close the picture, it is more than probable that one of the complications brings about a fatal termination—cerebral hemorrhage, infections, gangrene, etc. If such "diabetic scoffers" could see the agony of the last days of those who so deliberately broke their restrictions, they would never let an outside influence deter them from adhering to the diet. One woman on her death-bed said: "Doctor, tell every diabetic patient to keep diet and not be foolish as I have been and become blind, deaf and have ulcerating legs." Another diabetic, a woman of about 70, rather obese, refused to consider any medical advice 5 years ago because she felt so well and because she had been told that elderly, especially stout, persons having nothing to fear from a trace of sugar in the urine. Although in a measure many such individuals do well, yet there are others who do not. The lady in question, five years later, is markedly emaciated, almost blind because of double cataract, and is suffering tortures from polyuria, polydipsia and a parched mouth. Thus, such diabetics who for the time being, at least, are in flourishing health in spite of their dietetic independence are in reality a menace to the community, since they set such a dangerous example to those who chafe under their food restrictions.

The above outline is of very great service in treating those mild cases which are readily rendered sugar-free. Many of the diabetics who are seen in dispensaries and by the general practitioner belong to this group. Sugar in the urine is discovered by accident during life insurance or ordinary office routine examination and the diabetes is thus discovered early and furnishes the greatest opportunity for preventing further progress.

The more severe cases which do not become aglycosuric by these simple measures must be dieted more strictly to accomplish this object. This can be done satisfactorily only with the aid of proper supervision as it is furnished in a very few hospitals, or by the help of a nurse adequately trained in supervising the dietetic therapy. A few years ago, if these patients could not be rendered sugar-free by a series of green and oatmeal days and subsequent restriction of

protein food, the glycosuria was allowed to continue and patient and doctor worried along as best they could, making a losing fight against the ever-increasing intensity of the glycosuria and its accompanying symptoms.

The following case may illustrate this turning point of our former methods of treatment when the dietitian acknowledged that the disease was no longer under control. (See G. B., age 52, next page).

The efforts of F. M. Allen, at the Rockefeller Institute, have furnished several new links in the therapeutic chain, and it is very wonderful, indeed, to observe how patients who under the old regime would have declined rapidly, are able to pick up strength while on a suitable diet. It is an open question whether Allen's starvation treatment can be employed in every case with the maximal benefit. The treatment of the mild cases, as that of the patient first mentioned, can, I believe, be handled to the greatest advantage by a carbohydrate-free diet without starvation. The procedure does not demand that the diabetic cease his business or other activities, there is no expense of trained attendants, there is no marked loss of weight and strength, which usually follows a starvation period, and finally the same objects, a sugar-free urine, a protection of impaired pancreatic function and an increased carbohydrate tolerance may be obtained. It would even seem advisable to attempt to make all patients as sugar-free as possible by means of a carbohydrate-free diet and to use starvation only when the glycosuria is reduced as far as possible by these means. This would shorten the period of starvation necessary to accomplish our ends and diminish the loss of weight and strength entailed. These are personal impressions; after experience with the treatment of diabetics both before and since Allen's ideas have established themselves. Much yet remains to be learned in regard to these dietetic measures and the most efficacious method of employing them has not been fully worked out.

The "oatmeal days," which have been the subject of so much controversy and which undoubtedly were, for some imperfectly understood reason, of aid in reducing the glycosuria where other means failed, as shown in Table 4, have been entirely supplanted by the much preferable "starvation days." The "green days," containing green vegetables in unlimited quantities, and "restricted protein days," with their huge fat content, have been much improved upon.

G. B., age 52. Diabetes Mellitus. Progress of a case treated by "carbohydrate-free," "oatmeal" and "green" diets, which finally failed to render the urine free from sugar. The life of this patient could in all probability have been materially prolonged by Allen's starvation treatment.

Date	Urine.								Diet	
	Vol. c.c.	Glucose %	Gms.	Digee- tic Acid	N gms.	NH <sub>3</sub> gms.	NH <sub>3</sub> -N			NaH CO <sub>3</sub>
							P	%		
<u>1910</u>										
Jul. 25	2000	0	0	0					Green day.	
Aug. 2	1500	1.1	16.5	0					Carbohydrate free.	
<u>1912</u>										
Oct. 11	3720	2.8	104.2	+++		2.2		20	Carbohydrate free.	
13	2640	1.8	47.5	++		0.7		20	2nd green day.	
16	2490	3.5	37.2	++		0.9		20	3rd oatmeal day.	
18	3540	0.5	17.7	++	10.7	0.3	2.3	20	2nd green day.	
<u>1913</u>										
Jan. 11	3000	2.5	75.0	++++	21.8	2.6	21.8	20	2nd green day.	
14	3120	2.4	74.5	+++	5.9	1.4	17.0	0	3rd oatmeal day.	
16	2940	1.0	29.4	++++	14.2	0.6	4.4	20	2nd green day.	
Feb. 6	3720	4.8	105.6	+++				0	Carbohydrate free + 50 gms. of starch.	
Apr. 1	2820	2.5	70.5	++++	20.7	3.5	13.9	30	2nd green day.	
4	4440	2.0	124.3	++++	9.4	3.0	26.7	10	3rd oatmeal day.	
5	4140	1.3	74.5	++++	16.1	3.2	16.4	30	Green day.	
23	3900	3.0	117.0	++++	18.7	4.7	20.9	30	Carbohydrate free + 100 gms. of starch.	
26	2280	2.3	52.4	++++	16.1	5.6	28.5	30	Green day.	
May 10.	Died in coma.									

Every article of food is measured, and the fats, protein and carbohydrates are all carefully considered. Samples of such diets will be given; however, it is desirable first to review the starvation treatment as formulated by Allen and his coworkers, and some practical experiences with it.

Allen obtains a sugar-free urine in every patient by means of starvation, which is maintained until the urine has been free for about 24 hours. This may require from one to eight days. Whiskey, one ounce, three times a day (since it supplies some of the lost calories and has a tendency to check the acidosis), coffee and tea (because they comfort the patient), and broth (principally to supply salt and prevent excessive loss of

body weight) may be allowed during starvation. At the present time the indications and contra-indications for giving these substances are not clearly defined. However, it is certain that success may be achieved with them or without them, and we may largely consult the preference of our patients in this regard. The only signal to stop fasting before the urine is sugar-free is found in symptoms which indicate an intoxication, possibly an acidosis: vomiting, dyspnea, drowsiness, pains, localized or general. The urine being sugar-free, it again becomes necessary, as in the mild cases, to determine how much food may be consumed before sugar appears in the urine. The principle of guarding the in-



H. M., age 46. Diabetes Mellitus. Starvation Treatment. Note the graduations of the diet and that the urine becomes free from sugar and diacetic acid.

Date	Urine		Dia- cetic Acid	lbs.	Wt. Bld.		Calo- ries	Whis- key c.c.	Vego- ta- bles gms.	Diet				
	Glucose %	gm.			Su- gar %	Egg No.				Ba- con gm.	Meat gms.	Broth c.c.	Oil c.c.	But- ter gms.
Apr. 21	2.3	+	++++		0.50									
22	2.0	38.4	++++	127		270	90							
23	2.5	21.0	++++			270	90							
24	1.4	12.4	++++			270	90							
25	1.0	9.8	++++	124		270	90							
26	0.6	3.9	++++			270	90							
27	0	0	+++	123		270	90							
28	0	0			0.15	320	90	200						
29	0	0	+++	122		428	90	300	1					
30	0	0	+++			594	90	300	3					
May 1	0	0	+++	121		1030	90	400	3	25	135			
2	0	0	+++			1725	90	400	4	50	150	150	15	
3	0	0	+++	121		1725	90	400	4	50	150	150	15	
4	tr.	tr.	++			1870	90	350	4	75	150	150	15	
5	0	0	++	122	0.20	460	90	100	2					
6	0	0	+			270	90							
7	0	0	+	120		1000	90	400	4		100	100		
9	0	0	+			1775	90	400	4	100	150	100		
12	0	0	+	120	0.19	1860	90	400	5	100	150	100		
14	0	0	0			2090	90	400	4	100	150	100		40
15	0	0	0	120		2255	90	400	6	100	150	100		40
16	0	0	0			2410	90	400	7	100	150	225		40
19	0	0	0	121		2515	60	500	6	50	240	250		40

jured pancreatic function against further injury is the same as that previously enunciated, but the procedure of accomplishing it requires a much greater attention to detail. It is well recognized that proteins as well as starches are responsible for the formation of glucose, and it becomes necessary to determine the tolerance not only to starch but to protein as well. Furthermore, Allen has demonstrated that

fat, although it is not responsible for the direct formation of glucose, yet influences its production, inasmuch as metabolism is accelerated when it is given in excess. The resulting increased strain imposes a burden on sugar utilization and the result is a glycosuria. Whether the theory be correct or not, the practical point that fat tolerance must be considered is definitely established. As is seen from the accompanying chart,

feeding is begun gradually, using the vegetables with a low carbohydrate content. The subdivision of the vegetables into several groups, according to their carbohydrate percentage, is a very convenient one. In the present table, those vegetables containing 5 or less per cent. of carbohydrate are found as allowed on the starch-free diet. These vegetables will lose some starch on boiling, and are roughly classed as containing 3% of carbohydrate. The vegetables with higher carbohydrate content are given in the accessory diet table in equivalents of the starch content of one slice of white bread.

Four to five hundred grams of these so-called 3% vegetables are usually all that are required to obtain the initial calories and to give some bulk to the food so welcome to the individual who has been starving. Subsequently, the protein tolerance should be developed by the addition of eggs, meat and fish. Except for experimental interest, it does not seem worth while to make an effort to eliminate all the fats, especially bacon, olive oil and butter, which form very valuable adjuncts to such a "dry" diet. These articles of food are added one by one, as indicated in the chart. Each article of food is weighed as exactly as possible. Quantity in these cases is as important as quality.

For the weighing of food, the dietary scales with a movable dial, as furnished by John Chatillon & Sons, have proved themselves reliable and easy to manipulate. They can be used by the nurse or by the patient himself at the dining table.

The diet is increased until sugar appears in the urine, when a fast-day is given and food is resumed at a somewhat lower level than that which was responsible for the glycosuria. This diet is then continued indefinitely. It is well, as in the milder cases, to interpose a fasting or a much-restricted day once a week. At the end of a month or two, tolerance may be so much improved that an increased diet may be given. This scheme of testing out the tolerance of the diabetic to protein and fat is very similar to that used in the milder cases with the carbohydrate foods.

Some of the diets necessary in these cases are very low in caloric value, so low that they fall far below the dietary standards set for a normal individual. It is only natural under the circumstances that a loss of weight should occur. Choosing between the two evils of loss of weight and of the necessary consequences for which gly-

cosuria stands, it certainly behooves the physician to pay attention to the latter and let the former take care of itself. Up to the present time it has been considered a therapeutic triumph to have a diabetic gain weight while aglycosuric. This has been looked upon as a sign of returning strength and reserve power in case of wasting illness. Allen reiterates the statement that the diabetic must not be allowed to return fully to his original normal weight, let alone gain weight. The proof of such a novel assertion must be brought by its sponsor. For the present, many are inclined not to accept it, especially since there have been so many cases observed in whom a gain of weight has been accompanied by apparent benefit.

The accompanying carbohydrate-free diets of 500, 1,000, 1,500 and 2,000 calories may be regarded as milestones in Allen's admirable method of increasing the proteins and fats. It is not intended to convey the idea that progress should be made by 500-calory advances. The gaps between the diets should be filled by daily small increments. These diets do not make use of alcohol or Akoll biscuits. The omission does not signify that these are not extremely useful articles for the diets under consideration. These food lists, however, were conceived with the idea of producing as palatable a menu as possible, one that had been tried and had been found adequate. Inasmuch as some patients object to alcohol and others cannot afford Akoll biscuits, these articles were omitted from the general list. However, they can be made use of to pad the caloric value when necessary. The caloric equivalents in other meats corresponding to the amount of steak suggested and the quantity of alcohol in various liquors equivalent to that of 30 c.c., or 1 ounce of whiskey, will be found in the table following the diet lists. This table is supposed to be used in connection with these lists.

The rate at which the food may be increased and give the maximal result in building up the patient's carbohydrate tolerance is one which must be left in great part to the physician's judgment. No definite rules can be formulated. In general, those individuals who have exhibited a severe grade of glycosuria, whether on a lax or a restricted diet, have to be advanced more slowly than those who have milder types of the disease. The carbohydrate-free diet should not be increased beyond 25 to 30 calories per kilo. Most patients, as you may note from the 2,000-calory diet,



CARBOHYDRATE-FREE DIET, 500 CALORIES.						
Food	Gms. or c.c.	Protein gms.	Fat gms.	C-H gms.	Calories	Calories per Meal
<i>Breakfast</i>						
One Egg	50	6.6	6.0	0	83	
Bacon*	40	4.2	7.6	0	88	
Black Coffee						171
<i>Dinner</i>						
Broth	150	3.3	0.3	0	16	
Steak**	40	9.4	4.1	0	77	
Vegetables***	200	2.0	0	6.0	33	
Butter	5	0.1	4.3	0	40	
Black Coffee						166
<i>Supper</i>						
Broth	150	3.3	0.3	0	16	
Steak**	40	9.4	4.1	0	77	
Vegetables***	200	2.0	0	6.0	33	
Butter	5	0.1	4.3	0	40	
Plain Tea						166
		40.4	31.0	12.0		503

\*The bacon is weighed uncooked. The fat and protein content is calculated for the cooked product.

\*\*The caloric equivalent of other carbohydrate-free meat or fish should be frequently substituted from the accompanying list, to furnish variety in the diet.

\*\*\*Two or three different vegetables should be chosen from the accompanying list, which tabulates the vegetables containing 5% or less of carbohydrates.

CARBOHYDRATE-FREE DIET, 1,000 CALORIES.						
Food	Gms. or c.c.	Protein gms.	Fat gms.	C-H gms.	Calories	Calories per Meal
<i>Breakfast</i>						
Eggs (2)	100	13.2	12.0	0	166	
Bacon*	50	5.3	9.6	0	111	
Butter	5	0.1	4.3	0	40	
Black Coffee						317
<i>Dinner</i>						
Broth	150	3.3	0.3	0	16	
Steak**	100	23.9	10.2	0	193	
Vegetables***	200	2.0	0	6.0	33	
Olive Oil	10	0	10.0	0	93	
Butter	10	0.1	8.6	0	80	
Black Coffee						415
<i>Supper</i>						
Broth	150	3.3	0.3	0	16	
Steak**	75	17.9	7.7	0	145	
Vegetables***	200	2.0	0	6.0	33	
Butter	10	0.1	8.6	0	80	
Tea (Plain)						274
		71.2	71.6	12.0		1,006

\*The bacon is weighed uncooked. The fat and protein content is calculated for the cooked product.

\*\*The caloric equivalent of other carbohydrate-free meat or fish should be frequently substituted from the accompanying list, to furnish variety in the diet.

\*\*\*Two or three different vegetables should be chosen from the accompanying list, which tabulates the vegetables containing 5% or less of carbohydrates.

## CARBOHYDRATE-FREE DIET, 1,500 CALORIES

Food	Gms. or c.c.	Protein gms.	Fat gms.	C-H gms.	Calories	Calories per Meal
<i>Breakfast</i>						
Eggs (2)	100	13.2	12.0	0	166	
Bacon*	60	6.4	11.5	0	133	
Butter	10	0.1	8.6	0	80	
Black Coffee						379
<i>Dinner</i>						
Broth	150	3.3	0.3	0	16	
Steak**	140	33.5	14.3	0	270	
Vegetables***	200	2.0	0	6.0	33	
Cream Cheese	20	5.2	6.7	0.5	86	
Olive Oil	15	0	15.0	0	140	
Butter	15	0.2	12.9	0	120	
Black Coffee						665
<i>Supper</i>						
Broth	150	3.3	0.3	0	16	
One Egg	50	6.6	6.0	0	83	
Steak**	100	23.9	10.2	0	193	
Vegetables***	200	2.0	0	6.0	33	
Butter	15	0.2	12.9	0	120	
Tea (Plain)						445
		99.9	110.7	12.5		1,489

\*The bacon is weighed uncooked. The fat and protein content is calculated for the cooked product.

\*\*The caloric equivalent of other carbohydrate-free meat or fish should be frequently substituted from the accompanying list, to furnish variety in the diet.

\*\*\*Two or three different vegetables should be chosen from the accompanying list, which tabulates the vegetables containing 5% or less of carbohydrates.

will have difficulty in mastering such an amount of food. This goal having been reached, and the urine still being sugar-free, carbohydrates may be used as was described for the milder cases.

There are two factors on which it is necessary to lay considerable stress, as adjuncts to our dietetic efforts in keeping the urine free from sugar. These are nervous strain and exercise. It is one of the most necessary and frequently one of the most difficult tasks to protect our patients from nervous strain and worry. Much depends upon the temperament of the diabetic under treatment. Some individuals may spend hours on the witness stand and show no glycosuria, while others may evidence setbacks of very considerable degree after comparatively trivial occurrences. Thus, one patient who became depressed because her son had one of his usual epileptic attacks, lost a carbohydrate tolerance which it required several months of careful dieting to regain. Others are not so fortunate; nervous shocks, however small, servant trouble, a minor ailment in a relative, may at times diminish the sugar-burning function and the original carbohydrate toler-

ance may not be regained. Menstruation is very prone to be accompanied by a low degree of glycosuria and especial precautions should be taken at this time. How to guard against the disturbance of the nervous equilibrium of high-strung people is a perplexing problem here as it is elsewhere.

Exercise in moderation has for a long time been recommended as a means to enhance the sugar oxidation in diabetics. It has certainly been a boon to give these patients some liberties and not make them believe that they are physical as well as dietetic invalids. Recently, Allen has proposed that these people indulge in violent exercise and carry it to the point of fatigue. Running, tennis, throwing the medicine ball and even somersaults are advised. These ideas are based on the fact that dogs with partial pancreatectomy will burn more sugar when working hard on a tread-mill than when at rest. Such violent efforts may stimulate our pancreatic gland to do its best; however, it is an open question whether men past their physical prime can put a continuous strain on their heart, arteries and joints with impunity.

One factor which has been of incalcul-



## CARBOHYDRATE-FREE DIET, 2,000 CALORIES.

Food	Gms. or c.c.	Protein gms.	Fat gms.	C-H gms.	Calories	Calories per Meal
<i>Breakfast</i>						
Eggs (2)	100	13.2	12.0	0	166	
Ham	75	15.2	16.8	0	219	
Butter	15	0.2	12.9	0	120	
Vegetables***	100	1.0	0	3.0	16	
Black Coffee						521
<i>Dinner</i>						
Broth	160	3.5	0.3	0	17	
Steak**	160	38.2	16.3	0	308	
Vegetables***	300	3.0	0	9.0	49	
Cream Cheese	30	7.8	10.1	0.7	129	
Butter	20	0.2	17.2	0	160	
Olive Oil	15	0	15.0	0	140	
Black Coffee						803
<i>Supper</i>						
Broth	160	3.5	0.3	0	17	
Eggs (2)	100	13.2	12.0	0	166	
Steak**	140	33.5	14.3	0	270	
Vegetables***	300	3.0	0	9.0	49	
Butter	20	0.2	17.2	0	160	
Tea (Plain)						662
		135.7	144.4	21.7		1,986

\*\*The caloric equivalent of other carbohydrate-free meat or fish should be frequently substituted from the accompanying list, to furnish variety in the diet.

\*\*\*Two or three different vegetables should be chosen from the accompanying list, which tabulates the vegetables containing 5% or less of carbohydrates.

## CALORIC EQUIVALENT OF 10 GMS. OF STEAK IN CARBOHYDRATE-FREE MEAT OR FISH.

Food	Gms.	Fat gms.	Protein gms.	Calories
Steak	10	1.0	2.4	19
Roast Beef	5	1.4	1.1	18
Tongue	7	1.4	1.6	20
Lamb Chop	5	1.5	1.1	18
Roast Lamb	8	1.3	1.6	20
Sweetbreads	11	0.1	4.4	19
Boiled Ham	7	1.4	1.5	19
Fried Ham	5	1.7	1.1	20
Roast Pork	9	0.9	2.6	19
Bacon	9	1.7	0.9	20
Chicken	11	1.0	2.4	19
Duck	9	1.3	1.8	19
Guinea Hen	12	0.8	2.8	19
Squab	9	1.1	2.1	19
Turkey	7	1.3	2.0	20
Bluefish	13	0.6	3.5	20
Halibut	16	0.7	3.3	20
Mackerel	15	1.0	2.5	20
Sardines in Oil	7	1.4	1.6	20

(See page 394 for an omitted table)

able aid in the management of diabetic cases has recently been developed at the Rockefeller Institute. It has been considered pernicious in the past to allow a patient to

examine his own urine and act according to his amateur laboratory findings. Surely, many such trials have heretofore resulted disastrously. However, with more succinct

directions, and knowing that the appearance of a positive Fehling's test is a definite signal for a restricted or even fast-day, the patient often learns to treat himself according to his urine analysis, and does it very well.

In dispensary work, it has been found to be of distinct advantage to allow these cases to come into intimate contact with one another and "talk their disease over." It is surprising how much encouragement a human being can derive because he finds a fellow-sufferer who is denied bread and sugar. Sometimes they laugh at each other and are none too charitable with their companions who shrug their shoulders and say, "I cannot live without bread." They also give each other very sound advice about cooking, etc., which is often as necessary as the physician's counsel. It is very likely that similar diabetic classes could be formed to great advantage among private patients. The scheme remains to be tried, but I am certain that it would meet with great success in this disease as it has in tuberculosis.

In some instances, the patients have shown themselves to be absolutely incapable of handling the situation without outside help. In one fortunate case I was enabled to make the successful experiment of having one of the daughters of the household take charge of her mother. The urine is analyzed daily for sugar, the diets are properly weighed and calculated, and except for a very rare visit, I never see my patient. However, through a daily short conference with her daughter, I am completely informed of the progress of events and really feel that I have more complete control of this case than I have had of any other over a long period of time. Similar expedients may, in all probability, be resorted to, with much benefit to the patient and satisfaction to the physician.

All the efforts to render and maintain the urine free from glucose that have been cited up to this point have been crowned with success. The question now arises, can this be done with every patient? It has been generally recognized that a large percentage of cases of diabetes will lose their tolerance to carbohydrates and finally die either of coma or of inanition. Allen has recently advanced the theory that the pancreatic function will not be further impaired if it is properly protected. If the food intake be maintained at a level which is within the range of the body to handle it normally, no sugar is excreted in the

urine, this condition is fulfilled. Dogs with partial pancreatectomy under such circumstances show no progressive tendency in their diabetic state. It is impossible to say without very much more experience than is available at present whether this will hold true in human beings. The difference between an experimental pancreatectomy and an impaired pancreatic function in diabetes is comparable to the difference between a man with an amputated arm and one with an infected one. Neither one has lost complete bodily function; on overstrain, the man with the amputated limb may become more tired than a normal worker and may even succumb to exhaustion, but with moderate physical duties to perform, the body remains unchanged; whereas, an infected arm may, unless properly handled, even when under no strain, give rise to a septicaemia. Allen's view is certainly the more hopeful one, and is the most encouraging goal we can hold out to ourselves in our efforts, and, therefore, is most worth striving for.

These possibilities may be considered applicable to those cases which come to us early enough to be amenable to treatment. There are a certain number of diabetics, however, who have their pancreatic function so far impaired that they cannot be aided even by starvation treatment. These cases have thus far been very few in number, but it is important to recognize them, since it is essential to know that even with the refinements in dietetic treatment that have been perfected, there are instances in which they fail and that the careless patient will often drift rapidly towards such a fatal end. The following is an example of this sort:

E. W., female, aged 51. Admitted to Johns Hopkins Hospital November 29, 1915. Sixteen years ago diabetes mellitus discovered. Eight years later was admitted to the hospital because of loss of weight. On proper dietetic treatment, which had been much neglected previously, the urine became sugar-free. At this time, a right-sided hydronephrosis was found. Six years ago began to use morphine for neuritic pains in the legs, which were, in all probability due to the neglected diabetes. Six months ago was again admitted to the hospital. She was readily rendered aglycosuric. The glycosuria, however, returned under circumstances that made it very probable that she had been taking carbohydrate food surreptitiously. She is admitted at present because she has constantly broken her diet and in consequence has become very



E. W., age 51. Diabetes Mellitus, complicated by right-sided hydronephrosis, infected bunion and perforating ulcer of left foot, and chronic morphine poisoning. Death on December 12th. Note: The total inability to utilize glucose, as indicated by the negative carbohydrate balance and the approximately constant D: N ratio of 3.65 : 1; the marked degree of acidosis as shown by the various tests.

	Nov.		Dec.										
Date - 1915	29	30	1	2	3	4	5	6	7	8	9	10	11
Vol. c.c.		3015	3550	3500	3925	3725	3340	3600	3900	4470	4710	5940	5620
Sp. G.	1021	1020	1017	1017	1015	1015	1014	1015	1015	1014	1012	1011	1012
Reaction	ac.	ac.	ac.	ac.	ac.	ac.	ac.	ac.	ac.	ac.	ac.	ac.	ac.
Acidosis as B - oxybuty- ric ac.-gms.		40.0	61.5	51.2	64.9	66.0	50.6	64.9	73.0	111.2	106.6	73.0	85.6
Alveolar CO <sub>2</sub> tension-mm.Hg.	23.3		35.0				19.5					24.6	
Total N gms.	12.4	15.6	13.0	10.2	10.8	9.8	9.0	9.6	10.5	8.9	8.7	9.9	
NH <sub>3</sub> gms.		2.9	4.7	4.2	4.3	4.5	4.2	3.9	4.4	4.4	4.0	4.2	3.8
100 $\frac{\text{NH}_3\text{-N}}{\text{N}}$	21.0	19.5	25.0	27.0	34.8	34.4	35.1	36.0	37.7	34.8	37.0	40.2	31.8
NaHCO <sub>3</sub> - gms. by mouth		72	72	84	60	32	32	48	40		38		
NaHCO <sub>3</sub> - gms. by infusion								14	31	32	36	40	36
Blood sugar %0.33									0.25	0.24			0.21
Glucose %	2.62	2.34	1.56	0.70	0.94	1.03	1.09	0.88	0.90	0.85	0.74	0.60	0.71
" gms.	70.6	55.4	24.5	36.9	40.3	36.3	31.9	35.1	38.0	34.7	35.7	40.0	
C.H.Intake, gm.+	0	0	0	0	0	2.5	6.0	2.0	3.0	2.0	3.0	14.0	
" Balance "	-71	-55	-25	-37	-40	-34	-26	-33	-35	-33	-33	-26	
D : N	5.70	3.54	1.89	3.64	3.92	3.70	3.10	3.44	3.33	3.68	3.76	2.64	
Total Calories	405	385	370	105	110	120	330	305	500	585	445	220	
Whiskey c.c.	100.	80	90				40	24	8				
Wine c.c.										360	490	345	60
Broth c.c.	500	500	400	400	400	400	500	500	500	500	500	300	
Green Vegeta- bels - gms.						6	85	125	78	100	55	90	
Oatmeal (dry) gms.													20
Egg - No.							1	1	1	1	1/2		

weak. There is an infected bunion of the left foot which became less acutely inflamed under treatment but showed no signs of healing. Two gangrenous areas developed on the sole of this foot. A summary of the laboratory findings is given in the accompanying chart:

This patient died suddenly while sitting up and taking some food. Death apparently resulted from exhaustion to which the acidosis may have been a contributing factor but was not the only one since coma did not manifest itself. The autopsy showed a pancreas whose Islands of Langerhans

were completely degenerated. There was a considerable amount of subcutaneous fat. The right kidney was a hydronephrotic shell, whereas, the left kidney was much hypertrophied (weighing 400 grams); otherwise, nothing of note was found.

This case is remarkable for several reasons: It shows how all our dietetic means may fail in building up a pancreatic function which has become totally destroyed. The total absence of the power to utilize sugars is seen in the D : N ratio. It is well known that a certain part of our protein food is converted into carbohydrate. A definite amount of protein yields an approximately constant quantity of starch. Selecting nitrogen as a constituent by which to measure the degree of protein metabolism, a certain proportion must under such circumstances be present between the amount of starch available from the protein and its nitrogen content. This constitutes the D:N ratio. When this ratio in the urine reaches a figure of 3.65:1, it is supposed that all the sugar derived from protein is being excreted, and Lusk, presuming such a condition of affairs to be incompatible with prolonged life, has called it the "fatal ratio." An approximation to these figures constantly obtained in this case, except on one occasion, when there may have been an error in one of the determinations. The starvation treatment employed for five days brought about no change for the better; subsequent attempts at feeding gave no more favorable results. In some cases that have been reported, such a D:N ratio was followed by improvement, after starvation. It is probable that in those instances, a completely depressed pancreatic function was present, in contradistinction to our case in which it was destroyed. During life, such a differentiation cannot be made, and therefore, treatment merits our utmost attention to the end. The other points in connection with this case will be taken up under acidosis.

## 2. RENDERING THE URINE FREE FROM ACID SUBSTANCES.

In the treatment of diabetes, the primary aim is to render the urine sugar-free and increase carbohydrate tolerance. The questions of acidosis and blood-sugar assume secondary importance, and therefore, most of the available space has been made use of to elucidate the former. In building up the carbohydrate tolerance of the diabetic, the acidosis is indirectly but most effectively treated. It is known that when

the body oxidizes less than about 50 grams of carbohydrate, acid substances make their appearance in the urine. This is true, whether an individual is suffering with diabetes, or is a man in perfect health who is on an insufficient carbohydrate ration.

In those diabetics in whom the sugar tolerance is constantly below 50 grams, the acid bodies have a distinct tendency to diminish spontaneously, until they are completely absent. This is probably due to the development of the body's ability to metabolize B oxybutyric acid along normal lines as time passes. It is important to realize this, since it enables us to foretell the severity of an acidosis. If the patient does not break diet, it may be assumed that the amount of acid substances formed will show a distinct tendency to diminish. Even the marked carbohydrate restrictions that are entailed in Allen's treatment will, in the course of time, be accompanied by a disappearance of diacetic acid from the urine. In fact, one of the criteria set by this method is to attain a urine not only free from sugar but also free from acid bodies.

*The measures which are valuable in determining the degree of acidosis are:*

(a) Qualitative reactions of acetone (Legal's) and diacetic acid (Gerhardt's Ferric Chloride)<sup>1</sup> in the urine.

(b) The reaction of the urine to litmus.

(c) Quantitative determination of the acid substances.

(d) Quantitative determination of ammonia and total urinary nitrogen.

(e) Carbon dioxide tension of the alveolar air.

(f) Clinical symptoms pointing to acid intoxication.

All of these measures have had their advocates and all of them are of value. The method used has depended on one of two factors: the clinical facilities at hand and the personal preference of the physician. In estimating the degree of acidosis it must be borne in mind that the various tests determine two widely separate facts. The actual tests for the acid substances estimate the quantities of these materials eliminated, while the other measures, ammonia, urinary reaction, carbon dioxide tension and symptoms of acid intoxication, point to the degree in which the body's store of alkali is being encroached upon and to what extent the factors of safety of the human machine are disturbed.

*The Actual Tests for Acid Substances:* The qualitative tests, because of their availability, are very frequently employed to



the exclusion of all others. This, from a practical point of view, is a perfectly justifiable procedure, since it is known that no danger threatens on the part of the acid bodies until these tests have attained a maximum intensity. When a very marked reaction by Legal's and Gerhardt's tests is obtained, it becomes necessary to resort to other procedures in order to become properly oriented. Noting the reaction of the urine to litmus is of decidedly less value than the tests just mentioned. An alkaline urine signifies completely neutralized acid substances and a patient free from the dangers of acidosis. However, every one is aware that a urine yielding a blue color with litmus paper is of comparatively infrequent occurrence. The quantitative determination of the acid substances requires about four hours' work and yields results which are not of very great importance from the therapeutic point of view. The patient's welfare does not depend upon the quantity of acid bodies excreted so much as it does on the amount of alkali, so necessary for the internal respiratory functions and for the want of which coma comes on, which is present in the tissues. This can only be gauged by the determination of other factors.

*The tests which indicate to what degree the alkali reserve is being encroached upon:* Of these, the most important are the clinical findings. Deep breathing, not accompanied by an increased respiratory rate, the so-called hyperpnea, is most characteristic. The studies in acidosis which have been made during the past few years have furnished us with an understanding of this symptom, which makes it of the greatest value in determining the presence of a serious degree of acidosis. When this breathing is found an anti-acid therapy is indicated, whether the other tests bear these findings out or not. Very often it is noted that our other criteria of acidosis would only indicate a mild degree in the presence of this symptom, and yet I think we would do better if we laid more stress on the breathing than we do on the chemical findings. The other clinical signs are drowsiness or coma, headache and vomiting. These are usually preceded, or at least accompanied, by the respiratory disturbance.

Of the chemical tests, the determination of the carbon dioxide tension in the alveolar air has not hitherto obtained the attention it deserves. It is a comparatively simple test to perform and gives a direct indication of how much blood alkali is avail-

able for internal respiration. A carbon dioxide tension of less than 30 should be followed by the administration of alkali until it approaches the normal figure of about 40.

Of the urinary tests, the quantitative determination of ammonia yields the readiest information. It should be our aim to keep the quantity of ammonia excreted in the twenty-four hours below 2 grams or as near this figure as we can possibly maintain it. If possible, the total nitrogen determination should be obtained as well as the ammonia figures. Very frequently we find that the ammonia may be low and that this may occur only because sufficient nitrogenous food has not been metabolized, to furnish sufficient ammonia to allow it to appear at its true level. This comparison of the ammonia nitrogen with the total nitrogen gives us data which reveal any discrepancy in this regard. The percentage of the ammonia nitrogen of the total nitrogen should never be allowed to exceed 20%. Looking back on the chart of G. B., it is seen how, as the disease progressed and the acidosis became a more prominent factor, the quantity of ammonia constantly crept up in spite of the administration of considerable quantities of bicarbonate of soda. On October 18th, the ammonia was .3 gram, and on April 26th, on a corresponding diet, two weeks before death, the ammonia was 5.6 grams. Again, in the case of E. W., we see during the terminal two weeks of her life ammonia quantities distinctly higher than two grams. It is evident from these cases that 4 grams of ammonia is entirely compatible with life, but that it distinctly approaches the danger limit.

It is no use closing our eyes to the fact that many practitioners are too busy to spend their time making such determinations as are necessary for the treatment of a severe case of diabetes. There are some exceptions to this rule, however. A man in order to give his patients the proper care will have to specialize in dietetics and in laboratory work to a certain extent. A great part of the treatment ought to be carried out in institutions. Hospitals properly equipped for such work in this country are very few in number. This is partly due to the apathy of the medical profession and also to the lack of enthusiasm which has thus far been manifested by the various hospital authorities in trying to further more efficient dietary conditions. We may look forward to a very great change for the better when this work, which

is now in its infancy, has reached a greater degree of perfection.

The treatment of acidosis consists, in the first place, as has already been mentioned, in increasing the carbohydrate tolerance. This aids in oxidizing the acid bodies and does away with all danger from this source. When the acid bodies increase in the urine, and presumably in the tissues, in spite of dietetic measures, they must be controlled by the administration of alkali. Bicarbonate of soda is practically the only form in which this has thus far been administered successfully. The alkali acts as a base with which the acid bodies can combine and pass through the kidneys. The acids will not be passed in the urine except as salts. Hence a sufficient supply of alkali is absolutely necessary for their elimination. The increase in the quantities of ammonia already given and the clinical symptoms mentioned are indications that acid substances are being retained and not excreted in the urine. Bicarbonate of soda may be given by mouth, the quantity depending upon two factors—the individuality of the patient and the degree of the acidosis. The largest quantity of alkali which I have seen any patient take, over a long period, has been 30 grams of bicarbonate of soda three times a day. Most of them cannot ingest quantities as great as this. In coma, or in those cases in which medication by mouth does not have the desired result, infusion should be resorted to. The infusion solution may be made up as 4% sodium carbonate, which may be converted into bicarbonate by passing carbon dioxide through it. In sterilizing a solution of bicarbonate of soda it becomes changed to carbonate of soda. This substance is very irritating to the tissues and if it escapes into the subcutaneous spaces, is very liable to produce large areas of gangrene. Changing the carbonate to bicarbonate, therefore, is a distinct advantage. In the chart of E. W., it is readily seen how the infusion of bicarbonate of soda increased the amount of acid bodies in the urine without diminishing the quantity of ammonia excreted. This would indicate a considerable accumulation of acid substances in the tissues, inasmuch as the infused soda combined with the acids and they were thus excreted as salts, and yet all the available ammonia was being utilized for the same purpose.

### 3. BLOOD SUGAR.

With the recent perfection of rapid and accurate methods for the determination of

blood sugar, a new factor is introduced in the therapy of diabetes which thus far is not sufficiently well worked out to yield all the indications for treatment which it will in the future. If blood sugar determinations are available, it is possible in those cases in which the carbohydrate tolerance is being determined frequently to predict when sugar will appear in the urine. It is known that in a normal individual glycosuria manifests itself when the blood-sugar reaches a level of approximately 0.17%. With a rising blood-sugar, the increase in carbohydrate of the food should be stopped before the blood reaches 0.17%. Recognizing this factor will often shorten the stay of patients in the hospital by a considerable period of time. The object of many recent workers in this field has been to maintain the blood-sugar of all diabetics at a normal level. This would seem to be an ideal condition; however, it cannot be obtained in every instance. There are many patients whose blood-sugar is maintained at about .2% and who, even under these conditions, show no sugar in their urine. Attempts at reducing the blood-sugar by dietetic measures often result in failure. The question which arises is—is it safe to allow such patients to continue in this way or should more serious attempts be made to diminish the quantity of glucose in the blood. Patients who are sugar-free will gain strength and apparently do very well clinically while their blood-sugar is high. What effect such a constant hyperglycaemia will have on the body and its functions remains an open question. Whether the degeneration of the arteries and kidneys will progress, whether infections and gangrene are likely to occur, whether cataract and the other eye changes will develop and whether all the many other serious complications to which the diabetic is subject are likely to manifest themselves under these conditions, is not certain. The solution of this problem does not lend itself to experiment, since it requires such a very prolonged period of observation to yield a definite conclusion in regard to it. At present, most physicians who are interested in these matters have begged the question. A normal blood-sugar is obtained, if it possibly can be, but if the patient maintains a sugar-free urine and is doing well clinically, a hyperglycaemia is often disregarded.

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The Johns Hopkins Hospital.

### HODGKIN'S DISEASE.\*

BY IRWIN MARKOWITZ, M. D.  
Jersey City, N. J.

*Introductory:* A great deal of research work on Hodgkin's disease has been done within the last five years, especially by Bunting and Yates. Many of the findings are the reverse and are opposed to the former teachings.

The case report in this paper is interesting in the fact that it seems to bear out many of their findings.

*Definition:* Bunting and Yates define Hodgkin's disease as a non-contagious, infectious and granulomatous (by which they mean an inflammatory disease caused by the *Bacillus Hodgkini*) disease. The organism and toxin show a special affinity for lymphoid tissue. The disease is at first primarily localized at or about a portal of entry, and while in some cases they may remain for a long time localized in the vicinity of the portal of entry, in other cases they early gain entrance into the general circulation and may be widely distributed.

*Etiology:* As to the organism they describe a specific germ called *Bacillus Hodgkini*. It is a diphtheroid bacillus. They have stained it in situ and also cultured it from a gland. Pure cultures of that germ were injected into a monkey and changes analagous to the disease in man were produced, namely a marked generalized lymphadenitis, and what Bunting thinks, a characteristic blood picture.

The organism was then recovered in pure culture from that monkey and then reinoculated into another monkey. Both monkeys died within ten weeks and both showed marked lesions of the lymphoid tissues throughout.

Being that diphtheroid forms of organisms are widely distributed and are at present being cultivated from a variety of pathologic tissues, and also that lymph glands act both as a mechanical filter in addition to a chemical filter (glands filter germs as well as toxins) we are skeptical

about the diphtheroid organism being the specific germ until it is accurately determined and Koch's dicta fulfilled.

Whatever the specific organism be, all facts point to Hodgkin's disease being an inflammatory disease due to an infection.

*General Pathology:* The work of Reed and Longcope leaves practically nothing of importance to be added, so far as the changes in the gland are concerned; but there are two very important points worthy of mention, because upon them diagnosis and treatment are dependent.

*First:* Careful search will in the majority of cases reveal a primary inflammatory lesion; in other words, if the disease is of infectious origin there must be a portal of entry for the germ somewhere. Being that the cervical glands are usually the first glands to be involved, Trousseau began to investigate all the structures drained by these glands.

He has been able to demonstrate typical histological Hodgkin's changes in clinically normal tonsils. The organism has also been isolated and recognized from peridental abscesses, nasal passages and sinuses, chronic dacryocystitis and otitis media.

In a case of primary inguinal adenitis the patinet gave a history of a sharp attack of cystitis and leukorrhea preceding the glandular enlargement, and an organism similar to that obtained in pure culture from the gland was found in the discharge. The gastro-intestinal tract is certainly the portal of entrance in many cases of mesenteric glandular enlargement.

*Second:* The second point to emphasize is that while the glands in Hodgkin's disease remain discrete for a while, they are nevertheless matted together in chronic cases. In other words, we have in this disease a periadenitis, which hence makes it more difficult for differential diagnosis from sarcoma or tubercular adenitis. It previously had been held that there was no periadenitis which was entirely incorrect.

*Clinical History:* With the establishment of a portal of entry, a lymphangitis marks the first extension of the disease toward the next lymphadenoid station, there producing a lymphadenitis. The progress of the disease is a repetition of the above, having periods of progression and regression, and this is explained by probable periods of disproportion between the powers of virulence and resistance.

Clinically, the above living pathology is seen in the form of exacerbations and remissions. A period of regression may oft-

\*Read before the Hudson County Medical Society May 2, 1916.

times be accompanied by so great an improvement in the general condition and such a marked diminution in the size of the glands that any treatment then in vogue is considered as a cure for Hodgkin's disease.

*Diagnosis:* It is impossible to escape recognition of the very pronounced similarity between the clinical aspects of Hodgkin's disease and that of malignant neoplasms, especially as to the tendency to dissemination, metastasis, recurrences and ultimate effects on the individual; hence in this disease as in malignant tumors a prompt and early diagnosis is of vast importance in successful treatment.

As to "test-excisions" of glands for diagnosis there are cases reported in Hodgkin's disease of the dissemination of the disease resulting which means that excision of a gland in Hodgkin's disease is often accompanied by much danger, and this point I think was demonstrated in our case.

*Treatment:* There is no case on record of a permanent cure for Hodgkin's disease, but from time to time marked improvement in cases have been reported from the use of such drugs as arsenic, benzol, salvarsan, Coley's fluid, vaccines and X-ray.

Bunting and Yates report some encouraging results from their method of treatment which is surgical, similar to that for malignancy.

Briefly described their method of treatment is:

1. Removal of the source of infection previously referred to; namely, tonsillectomy, examinations of eyes, teeth, nose and ears.

2. Extirpation of the major portion of the disease. The glands whether cervical or axillary must be completely removed; any removal less complete is contraindicated and means recurrence, as occurred in our case.

3. X-ray treatment of wound following removal. They start X-ray treatment very often as early as a few hours following operation.

4. Hygiene—Following operation one must build the individual resistance, as the resistance is a great factor in determining the outcome.

Vaccines have been used but the results are varying. Rosenow reports good results with his vaccine.

#### CASE REPORT.

Boy, white, age 3 years and 3 months.

Family history, negative.

Previous history, negative.

The following history was obtained from a physician in town who first saw the child:

He claimed that the mother brought the child to him about seven months before, and what appeared to be tonsillitis and an associating adenitis. The adenitis was very persistent and did not yield to treatment, but instead became progressively larger. He finally advised the mother to take it to a hospital for operation. This physician had not made a positive diagnosis as to the existing condition.

The child was seen by another physician a few months later who had diagnosed it as tubercular adenitis and advised operation. The child was operated upon in a local hospital on Feb. 5, 1916, and the enlarged right cervical glands were removed. The report obtained from the hospital was that of tubercular adenitis. (No pathological section was made). As near as could be obtained the mass of glands removed was about the size of a man's fist.

On admission to our hospital (Jersey City Hospital) we found the following:

A round hard mass in the right cervical region about the size of a man's two fists held together. The glands were matted together to surrounding structures, also a post-operative scar was present over the mass.

No other enlarged glands could be seen, but glands varying in size from a pea to a marble could be palpated in the left cervical region, both axillae and in the inguinal regions. There were no local signs of inflammation.

The child had a very large liver, being about three fingers breadth below the costal margin. No spleen palpable.

X-ray examination was negative of both abdomen and thorax. Other pathology was not enlightening excepting for a severe secondary anemia.

The gland was examined by Dr. Symmers of Bellevue, who has done a great deal and written considerable on Hodgkin's disease.

The points of interest in this case are:

1. Hodgkin's disease occurring in a child so young—only 3 years and 3 months old.

2. Was the primary tonsillitis the onset of the disease and were the tonsils the portal of entry? On clinical examination they appeared normal, but men have reported typical pictures of Hodgkin's disease in clinically normal tonsils.

It is possible that immediate tonsillectomy and removal of glands might have hampered the progress of the disease.

3. As far as we could ascertain there was no history on record of generalized en-



larged glands or enlarged liver while under the physician's care or in the hospital.

The question then arises whether the partial removal of the glands at the hospital had not caused a dissemination of what was then a more or less localized disease.

What is still more interesting is that the general condition of the child on admission, except for the severe secondary anemia, was fairly good; and that about ten days after the "test-excision" the child declined very rapidly. It became dyspnoeic, had marked tympanitis and then what appeared to be a terminal oedema beginning at the scrotum and extending to legs, arms and face. (Oedema was not cardio-nephritic).

Both of these facts seem to bear out the reports that "test-excisions" and partial removal of glands in Hodgkin's disease are accompanied by much danger.

4. As to recurrences in Hodgkin's disease—Clinically, the case was diagnosed in our hospital as lymphosarcoma with metastasis and great stress was laid on its recurrence after operation, and one prominent physician went so far as to say that nothing else but a malignant neoplasm could recur—hence sarcoma.

This is erroneous. Hodgkin's disease will recur the same as a malignant tumor unless completely excised.

## County Medical Societies' Reports

### ATLANTIC COUNTY.

*Byron G. Davis, M. D., Reporter.*

The regular June meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, Friday evening the 9th.

The following members attended: Drs. Alsop, Alman, Bew, Bewley, Berner, Barbash, Conway, Carrington, Charlton, Corson, Clark, Canning, Castle, Darnall, Davis, Fish, Fox, Garrabrant, Guion, Harvey, Joy, Marshall, Marvel, Martin, Poland, Quinn, Roulon, Stern, Stewart, Snowball, Senseman, Scanlon, Sheen and Williams.

The scientific program was opened by Dr. Julius Freidenwald, of Baltimore, who read an interesting paper on "Cancer of the Stomach."

Dr. Freidenwald stated that of 10,716 deaths in Baltimore in 1915, 602 were due to cancer and 280 of these involved the digestive tract. Of all cancers, 40 to 45 per cent. occur in the stomach and no disease causes the physician more anxiety than this dreadful malady.

The occurrence of cancer varies in different localities and, oddly enough is never found in Egypt, while in Bavaria the number of cancer cases is very high. The general view is that cancer is on the increase, although because of the unreliability of statistics, the number may be only relatively higher. It is thought that heredity plays an important role and also that excesses in food and drink, especially too hot foods, have their part in the production of gastric cancer.

Cancer of the stomach in its incipency is most difficult to diagnose. Early diagnosis may mean cure, but if the diagnosis is late it means only temporary relief. Positive diagnosis must be followed by immediate surgical intervention. The signs and symptoms, briefly, will be as follows: Pain; anorexia; vomiting; dyspepsia, hematemesis; melanin; occult blood in stool; tumor; dilatation of stomach; ascites and edema; changes in the gastric secretion; sero-diagnosis and X-ray. No one of these signs and symptoms is pathognomonic, but we must depend upon all of them or a large group of them together with the history, heredity and the age of the patient. About 65 per cent. occur from the 40th to the 60th year; the greater number occurring between 50 and 60.

"How can an early diagnosis be made?" All persons over 40 years of age, who come to the physician with gastric distress, should be observed and studied critically. If after several weeks of ordinary treatment they fail to improve, attention should be directed to the possibility of malignancy and every effort made to determine if such be the case. If there is no way of accounting for the trouble, and especially if the onset is abrupt, an exploratory incision is indicated. Many of these cases have a latent period and during this stage sero-diagnosis may be applied to advantage.

The second number on the program was a most interesting talk on Syphilis by Dr. A. A. Uhle, of Philadelphia.

Dr. Uhle spoke of the history of syphilis from the time of the discovery of the spirocheta to the present time; describing the important advances which have been made. He spoke of the value of the Wassermann reaction and of its abuse, and emphasized the importance of using the Wassermann only to clinch a diagnosis which has already been made from the clinical symptoms. Dr. Uhle also laid stress on the value of the ultra-microscope in diagnosis during the primary and secondary stages when the

organism may easily be found, and he considered this means of diagnosis a positive one and when the organism is found it is an order to begin active treatment at once.

Dr. Uhle considers early diagnosis with the ultra-microscope, without waiting for a Wassermann, with an immediate dose of salvarsan or neo-salvarsan, the important step in the treatment of syphilis. The longer the patient is allowed to go without treatment, the less favorable is the prognosis.

Dr. Theo. Senseman, of Atlantic City, read an exceedingly interesting paper on "Abscess of the Spleen; Its Diagnosis and Treatment." In his paper Dr. Senseman cited the literature on the subject and reported a case.

After discussion of the papers and the usual routine of business, the society adjourned until October.

#### BURLINGTON COUNTY.

*D. F. Remer, M. D., Reporter.*

The regular meeting of the Burlington County Medical Society was held Wednesday, June 14th, 1916, at Coles Hotel, Moorestown.

Dr. John S. Conroy, chairman Section on Surgery, had arranged the following program:

"Acute Abdominal Conditions," by Dr. M. W. Reddan, Trenton, N. J.; "What Shall We Do With the Tonsil?" by Dr. Harold M. Langsdorf, Mt. Holly; "Post Vaccinal Tetanus," by Dr. John S. Conroy, Burlington, N. J.

The papers were all well prepared and interesting, calling out considerable discussion.

Dr. J. Boone Wintersteen read a report from the Legislative Committee of the State Society of which he is a member.

After a good dinner the society adjourned to meet next at Burlington.

#### HUNTERDON COUNTY.

*Morris H. Leaver, M. D., Reporter*

The Hunterdon County Medical Society met on June 6th at the Hunterdon Country Club on the invitation of the president of the society, Dr. A. H. Coleman, of Clinton. The Country Club is a new institution, the building having been opened early in the present year. It is located on the west side of the macadam road from Clinton to Glen Garden, nearly opposite the road leading to High Bridge. It is a new two-story building, surrounded by a wide veranda, and at present the grounds consist of about three

acres. It was a very pleasant place to hold the meeting and the thanks of the society are due Dr. Coleman and the management of the club for permitting us to hold a meeting there.

The meeting was called to order by the president at eleven o'clock A. M.

Dr. Sproul reported having attended the one hundredth anniversary of the Somerset County Medical Society.

Dr. Mills of Morristown made some remarks on kidney surgery also on cesarean section in cases of eclampsia.

Dr. James spoke of the value of the cystoscope in urinary diagnosis.

Dr. McKinstry, of Washington, made a short address.

Dr. Sommer, of Trenton, reported some interesting surgical cases.

Dr. Topkins, of Califon, read an essay on Gastric Neuroses, which was generally discussed.

Dr. English, of Mt. Kipp, made a few remarks on tuberculosis in children.

On the invitation of Dr. H. M. Harmon, of Frenchtown, it was decided to hold the next meeting of the society at that place the latter part of August.

The society then adjourned to partake of an excellent luncheon served at the club, to which twenty-nine members and visitors did ample justice. After lunch some visited the Tuberculosis Sanatorium while others spent some time in sociability at the club.

#### MORRIS COUNTY.

*E. Moore Fisher, M. D., Reporter*

The Morris County Medical Society celebrated its centennial at its regular meeting held June 13, 1916.

The celebration was opened by a reception and inspection of the Memorial Hospital. Those who wished were personally conducted throughout the kitchen, dining room and wards and shown the splendid department for X-ray work, including besides the machine, plates and stereognostic views with numerous plates of recent work in dental conditions and the developing room. They also saw the new wing containing a well-equipped operating room for patients with eye, ear, nose and throat conditions and many new private rooms, some to be used for obstetrical work.

The members and guests then assembled at St. Peter's Parish House and enjoyed an informal banquet.

The regular session was called to order at 8.30 P. M. In the absence of Dr. Hen-



riques, the president, the chair was taken by the vice-president, Dr. L. K. Henschel. All the other officers of the society and most of the members were present.

Following roll call, a motion was made that all business be laid over until the annual meeting in September.

Dr. A. E. Carpenter read a history of the Morris County Medical Society since its inception at Morristown on June 11, 1816. This followed the reincorporation of the State Society in February, 1816, and a notice from the State Society in 1816 that the County Societies should organize and send delegates to the State Society.

The minutes of the first regular meeting and those of an adjourned meeting in July, 1816, were then read as well as partial parts of minutes of other meetings. At this time censors of the County Societies examined candidates who wished to practice medicine or surgery at the meeting and decided upon their qualifications. No minutes or records of the society from 1857 to 1873 are known to be in existence.

The society was reorganized in 1873, and of those who restarted the Morris County Medical Society only three are now living: Dr. John Wooster Owen, Morristown; Dr. P. A. Harris, Paterson, and Dr. C. D. D. Romondt, Pompton Plains.

Four members from Morris County have been honored by the presidency of the State Society: Lewis Condict, 1819; Jephtha B. Munn, 1838; P. C. Barker, 1884; J. G. Ryerson, 1893.

Before closing, Dr. Carpenter read sketches of most of the original founders of the society in which references were made to other practitioners of an even earlier date.

An oration on "Modern Ideas of Cancer" was given by Dr. Howard A. Kelly, of Baltimore.

In opening, Dr. Kelly showed the incidence of cancer in different races; he said that in the United States 75,000 persons annually died of cancer, 200,000 to 300,000 suffered and there were 75,000 new cases reported, and while cancer was an anarchy of the cells of the body which run riot, its actual cause was not as yet definitely determined; the germ theory was not now considered very probable though still held by some with certain reserve. More research workers considered cancer due to some misplaced cells which might follow embryonic or accidental conditions.

Lazarus Barlow, of Middlesex Hospital, had recently evolved the theory that cancer

was due to the action of radium in the body, having found radio-active substance present in most organs. Rose, of Liverpool, considers cancer due to the action of putrescent substance on the body cells.

The predisposing causes were any long continued irritation, especially in relation to the orifices of the body, these include alcohol, tobacco, improper care of teeth, stones and parasites; with these conditions avoided or remedied there would be little cancer. In addition to this all small lesions should be attended to promptly.

The doctor then showed lantern slides; the first were those persons who had discovered radio-active substances and thus found radium; among those shown were Drs. Crooks and Ramsey, Dr. and Madame Ada Curie and Dr. Rutherford.

Pictures of "pitchblende and carnotite" from which radium is extracted and of the works and processes of extraction were shown. Numerous views of patients with facial epithelioma, lymphosarcoma, Hodgkin's disease and leukemia benefited by the use of radium were shown.

Dr. Kelly stated that in his opinion if cancer had invaded mucous membrane or bone, radium was not of much benefit; that two three inches should be treated at a time; large amounts of radium should be used and that the site of application should be often changed; of 327 inoperable uterine cancers 69 were cured. He believes that if the cancer is on the face radium is the preferable treatment; elsewhere, if the glands can be removed surgery is indicated but that in inoperable cases and after treatment radium is of invaluable use.

Among the large number of visitors present were Dr. D. C. English, editor of the *Journal*, and Dr. F. M. Donohue, New Brunswick; Dr. W. B. Johnson, a fellow of the State Society; Dr. McCoy, of Paterson; Drs. Hedges and Green, of Elizabeth, and Dr. Lamson, of Summit (Both papers read have been promised for publication in the *Journal*).

The annual meeting in September will be held at the New Jersey State Hospital at Morris Plains on the invitation of the Board of Managers and the Medical Director, Dr. B. D. Evans.

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#### MORRISTOWN MEDICAL CLUB.

*Reported by Dr. Fisher, County Society Reporter.*

The Morristown Medical Club met on the evening of May 31, 1916, at Day's Morris-

town, as the guests of Dr. Gustav A. Becker. Dr. Flagge, of Rockaway, presided.

Mr. Clyde Potts, of Morristown, State engineer, opened a discussion on Sanitation by speaking about the water supply of different cities and localities. He said that the only water that could be considered fit for human use in a rain State was water that came from a depopulated watershed, as was that of Newark, or from artesian wells as was done for Camden; he said that fifty per cent. of the water supply for Atlantic City came from such wells. A watershed could not be considered depopulated unless there were less than 100 persons per square mile.

In most places filtration and disinfection of the water are necessary as was done at Little Falls for the City of Paterson and surrounding communities; water that was often badly contaminated was thus made fit and palatable for human consumption.

Mr. Potts then introduced Dr. R. B. FitzRandolph, of the New Jersey State Board of Health, who opened his remarks by speaking of the necessity for both State and local boards of health being co-operative and executive as well as advisory. The laws of 1915 provided that the State Board should proceed to a unification of the code of laws to partially supersede the numerous local codes. There were, according to the speaker's idea, several duties that were performed or supervised by other departments that should be under the control of the Board of Health as they really pertained to matters of public health; two of those mentioned were the regulation of Industrial Diseases and the Medical Inspection of Schools, which now belonged respectively to the Department of Labor and the Department of Education. On the other hand matters that the Boards of Health must overcome which were rather outside their provinces were the inspection of building and the control of licensing of chickens and the regulation and suppression of nuisances.

The Boards of Health should deal with actual problems solely and exclusively and should have supervision over all such matters. The functions that were most important for a State Board of Health were: First, educational, to teach the public the points of sanitation and lead them gradually toward a higher standard of living. The public was quick to insist on what was necessary as soon as it was pointed out clearly with reason why principles should be adopted. The second function for a

State Board was the inspection of food and drugs, seeing that pure food was prepared by healthy and clean persons in clean surroundings and delivered to the consumer without contamination of any kind. The third way that the board could be properly employed was to adjust difficulties between municipalities; as an instance of this the case of the city of Trenton to prevent the city of Phillipsburg polluting the Delaware river was referred to.

The amount spent in different districts in New Jersey on health boards ranged from two cents per capita in a country district of 20,000 persons where \$300 of the \$400 collected was paid to those members attending the meetings, to fifty-seven cents per person in one of the larger cities. The average rate was about twenty-eight cents a person each year.

The discussion was taken part in by the following guests: Dr. F. E. Knowles of Boonton, Drs. W. J. Wolfe, F. I. Krauss, Jos E. Pallard and Jaquith of Chatham; Dr. T. W. Bebout, Stirling; Drs. Frederic H. Thorne and H. Andrew Wallhauser, Grey-stone Park; Dr. Anna L. Allaben, Morristown; Dr. M. C. Smalley, Gladstone; and by Drs. Glazebrook, Mills, Fisher, Owen, Flagge, Foster, Douglas, Lewis, Horn and Wilkinson among the members. Many told of the activities of the boards of health in their localities; others asked questions; others criticised measures at present in vogue either for their uselessness or perniciousness.

Dr. FitzRandolph answered the questions and showed that the laws and not the State Board were responsible for some of the measures that were objectionable. After a rising vote of thanks to Dr. FitzRandolph and Mr. Potts, inviting refreshments were served before adjournment.

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#### OCEAN COUNTY.

*William G. Schauffler, M. D., Secretary.*

The semi-annual meeting of the Ocean County Medical Society took place at the house of Dr. W. G. Schauffler, the secretary, Lakewood, on May 11th, 1916. Only four members were present. The treasurer reported all bills paid and a small balance in the treasury. There was no business to transact, but the members spent some time in discussing interesting cases, after which the meeting adjourned.



## COUNTY SOCIETIES' CENTENNIAL CELEBRATIONS

At a meeting of the Medical Society of New Jersey, held at New Brunswick, May 7, 1816, "A motion was made to proceed to the appointing of County or District Societies in the counties of Middlesex, Somerset, Monmouth, Essex and Morris, agreeably to the third section of the said Act of Incorporation, when Doctors Lewis Dunham, J. Dunham, Enoch Willson, M. Freeman, Charles Smith, Nath'l Manning, Ralph R. Lott and John Van Cleve were duly appointed for the County of Middlesex, to hold their first meeting on the second Thursday of June next, at ten o'clock A. M., at the City of New Brunswick; then proceeded to appointing of a County or District Society in the County of Somerset, when the following gentlemen were duly appointed: Doctors Peter I. Stryker, Ferdinand Schenck, William McKissack, James Elmendorf, William D. McKissack, Augustus Taylor, E. Smith, Moses Scott and Henry Schenk, to meet at the village of Somerville, on Tuesday, the twenty-first day of May, inst. at ten o'clock A. M. Then proceeded to the appointment of a County or District Society in the County of Morris, when the following gentlemen were duly appointed, viz.: Doctors Lewis Condit, Ebenezer Pearson, Charles E. Pearson<sup>1</sup>, John B. Jones<sup>2</sup>, Wm. Canfield, John S. Dorsey and Jephtha B. Munn, to meet the second Tuesday in June next at ten o'clock A. M. Then proceeded to the appointing of a County or District Society for the County of Monmouth, when the following gentlemen were duly appointed, viz.: Doctors Sam'l Furman<sup>3</sup>, Reynolds<sup>4</sup> and Hubbard<sup>5</sup>, to meet the first Monday in June next, at ten o'clock A. M. Then proceeded to the appointing a County or District Society for the County of Essex, when the following gentlemen were duly appointed, viz.: Doctors Quimby<sup>6</sup>, S. Manning, Craig<sup>7</sup>, P. Elmer<sup>8</sup>, and Williams<sup>9</sup>, to meet on the first Tuesday in June next, at ten o'clock, A. M."

### SOMERSET COUNTY SOCIETY.

The Somerset County Medical Society celebrated its one hundredth anniversary in the First Baptist Church at Somerville, on May 20, 1916. The president of the society, Dr. David F. Weeks, presided, and delivered the following address of welcome:

### DR. WEEKS' ADDRESS OF WELCOME.

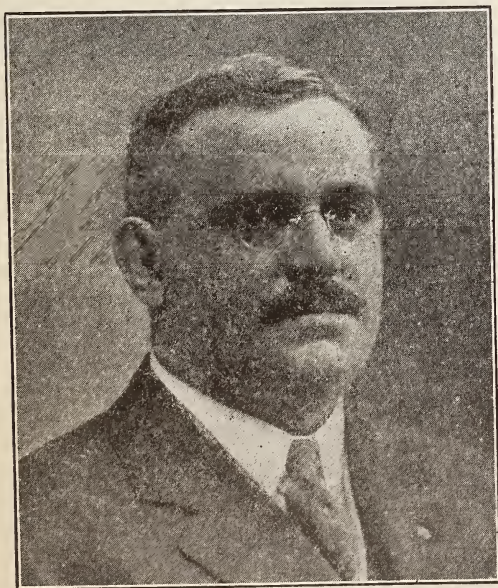
As President of the oldest county component medical society of the State of New Jersey it becomes my great pleasure to welcome you on behalf of the members of the Somerset County Medical Society to our Centennial Anniversary.

To welcome you is indeed a pleasant and easy task, but to say anything original and entertaining in extending the welcome is a most difficult one.

Our county medical society was organized for the purpose of studying and developing facts relating to the science of medicine and surgery and to stimulate the practical application of the knowledge thus obtained.

Marvelous advances have been made in all civilized countries during the past century in all branches of government, many wonderful discoveries have been made, numerous inventions perfected, and great strides made in the arts and sciences, but as great and marvelous as these have all been, the advance in the science of medicine and surgery has in the conservation of the health of our people alone kept full pace if not outstripped all the other sciences.

The men who founded this society and those who have since united themselves



DAVID FAIRCHILD WEEKS, M. D.

The above is given exactly as recorded. 1, should be Pierson; 2, Johnes; 3, Forman; 4, Wm. G. Reynolds; 5, Jacobus Hubbard; 6, Joseph Quimby; 7, David S. Craig; 8, Philemon Elmer; 9, Jno. Williams. The Secretary was ordered to advertise the times and places of meetings in the **Times** of New Brunswick, the **Trenton Federalist** and the **Newark Sentinel**.



with it have made a record of which we may be justly proud. Our pioneer members isolated and remote from teaching centers had to enrich their minds by delving into the scientific lore of their times in the seclusion of their studies, which were at once consulting and operating rooms, laboratories and general offices from which they administered to the sick and taught the practical application of the principles on which the foundation of our profession rests.

Here let us pause to pay tribute to those self-sacrificing noble members of our profession who in the unselfish dedication of their lives to the advancement of the medical science and the improvement of their skill laid the foundation and superstructure on which we build to-day.

To the officers of our State Medical Society, which will soon celebrate its One Hundred and Fiftieth Anniversary, and to the officers and members of our sister component county societies, who celebrate their Centennial Anniversaries this year, we extend our congratulations.

To our other distinguished guests we acknowledge our gratitude for the honor conferred upon us by your presence at our celebration.

To those of you whom we hold most dear we extend our thanks for the friendly counsel and advice with which you have so often helped us in our daily work and assure you that we appreciate this additional evidence of your interest in our work as manifest by your presence here to-day.

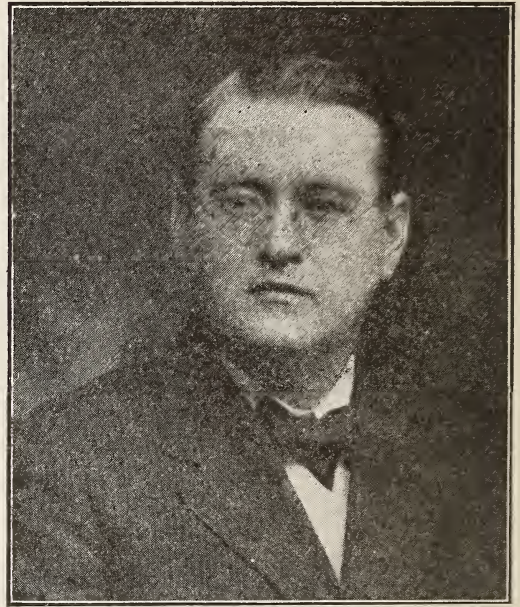
With all the cordiality for which this society is famed we again welcome you and assure you that you have only to intimate what you desire at our hands to have us put forth our best endeavors to gratify your slightest wish.

Dr. Weeks then introduced Dr. J. Hervey Buchanan, of North Plainfield, as the historian of the occasion.

#### HISTORICAL ADDRESS.

A century of continuous existence is no small span of time to review, and the task of presenting the facts of historical interest as well as of compiling the mass of statistics that the records contain is no small task. He who enters upon such an undertaking needs not to be reminded as he attempts its fulfilment, that not only is "ars longa" but most emphatically is "vita brevis." A century of unbroken existence, not always in the same form, but still a century of continuous medical organization

for the purpose of upholding the loftier aims of a noble profession, finds in its completion the record of a trust well kept and the professional needs of the public well served. One has only to read the successive minutes from the organization to the present to realize that the medical organization of Somerset County has been for a hundred years a body of loyal, earnest men, jealous of their own good names and the good name of their profession. Singularly few are the references to any misconduct or unprofessional doings of any



J. HERVEY BUCHANAN, M. D.  
Historian and Reporter

medical man connected therewith. Universally evident the desire to advance the profession in its every sphere by the entire membership. It is a quaint old book, the old minute book. Stoutly bound in good leather that now has a velvety feel from the attrition of wear and the handling of more or less capable secretaries. A book well worth the \$4.00 that the minutes of October 3, 1816, record as its cost. Its pages yellowing with age but firm in texture. Its hand writing of varying legibility from the cramped and spluttering quill script of Fitz Randolph Smith, the first recording secretary, to the flawless copper plate handiwork of your humble servant to whom was the honor given of being the last secretary to use the old book before the society took its present form. Its quaint accounts of the society's transactions



in the earlier days merging gradually into the more familiar type of present-day records; accounts that are exceptionally free from breaks in continuity and which in their entirety form a mirror which reflects truly the varying customs of the times, the doings of the parent State Society and the progress of medical science in general, while the very completeness of the first organization, as evidenced by the records, point to a pre-existent medical organization of considerable strength. I shall not go into any great discussion of medical history in the State of New Jersey.

Of the old colonial days when physic was less of a profession than a trade; of the days when ignorant men and self-sufficient old women administered remedies with the same ignorant empiricism that attended their use in the hands of the minister and the man of parts with a smattering of European education. Those were the days when Divine Providence and the *vis medicatrix naturae* had their remedial virtues handicapped by human ignorance and human interference. Bleeding, cupping, nauseous draughts and worse applications were about the sum total of a knowledge that was entirely empirical and constituted a medical armamentarium available alike to the medical man of honest intent and to the dishonest charlatan. Such was the condition of affairs pretty much throughout the entire colonies, and the men of the times, who either through apprenticeship to serve older practitioners, or by reason of better book learning and education were earnestly striving to place medicine on a higher and more useful plane, had little of legal protection for themselves, or to use for the protection of the public. In 1636 Virginia passed "an act for regulating the fees and accounts of Practicers of Phisic," which curiously enough reckoned two classes of "practicers" to wit, those practicing after an active apprenticeship, and those who had studied "physic" in a university and taken a degree therefrom; the fees of the latter class being practically double those of the former. This act was later amended in the interest of the patients' pocket book. In 1665 a code of laws, known as the "Duke's Laws," were issued by the Duke of York to govern his domain, which included the territory of New Jersey, and amongst which laws was one regulating to some degree the practice of physic and surgery. This was the first legal act in relation to medicine in New Jersey, and the only one, so far as I have been able to dis-

cover until after the formation of the State Society.

Approximately a century passed, the early years of which saw a sparsely settled country gradually becoming more populated and with an increasing body of medical men so influenced by educational stimulation from Europe, Canada and the neighboring colonies that they made for themselves a secure place above and separate from the charlatans who, however, still found plenty of cordiality amongst the people to permit them to flourish. And the better minds amongst the medical men, realizing perhaps even better than we of today the need of professional unity, conceived the idea of a society that should form the opportunity and the means to advance medical knowledge, protect to honest and capable practitioners and encourage the profession in the exercise of amicable and friendly relationship. Pursuant to this idea a call was inserted in the N. Y. Mercury, and on Wednesday, July 23, 1766, sixteen physicians met at the house of Mr. Duff in the city of New Brunswick and adopted "The instruments of association and constitutions of the New Jersey Medical Society," thus organizing the parent society of the State. To these however only fourteen of the sixteen subscribed. The Society grew in numbers and influence and its value became obvious. September 26, 1772, it obtained the passage of a provincial law regulating the practice of medicine and prescribing an examination to determine fitness for such practice; which law was re-enacted in 1784. In 1790 by act of the General Assembly passed at Perth Amboy on June 2 the Society with a named membership of fifty was incorporated by the style and title of the Medical Society of New Jersey and operated under this act until 1815, when the act expired by limitation and a new act of incorporation was passed in 1816. Under this act provision was made for district county societies to make their own laws and regulate their own concerns, provided they were not contrary to the constitution of the State body. Such is a very brief ancestry of organized medicine in New Jersey up to 1816; the State Society, with the exception of a vacant period from 1775 to 1781, due to the Revolution, meeting semi-annually at either Princetown, New Brunswick or Burlington—meetings which meant in those days of limited travelling facilities a more or less prolonged vacation for every member who attended. Under the new act of 1816 the State Society at

its annual session in New Brunswick, May 7, provided for the constitution of district societies in the counties of Essex, Middlesex, Monmouth, Morris and Somerset, appointing for that purpose a number of medical men in the several counties. For the county of Somerset the following men were designated: Peter I. Stryker, Ferdinand Schenck, Wm. McKissack, James Elmendorf, Wm. D. McKissack, A. R. Taylor, Ephraim Smith, Moses Scott and Henry Schenk. Two weeks later the majority of these gentlemen met, with one or two others, and carried out their instructions by organizing on the 21st day of May, 1816, this county body, the first to be so organized in the State. But let us open the old record and read a portion of the minutes of the first meeting of our Society. "Somerville, May 21, 1816. The following physicians and surgeons agreeably to an appointment made by the "Medical Society of New Jersey" met at the house of Daniel Sargeant for the purpose of organizing the "District Medical Society for the County of Somerset," viz., Peter I. Stryker, Wm. McKissack, Augustus R. Taylor, Ferdinand S. Schenck, James Elmendorf, Wm. D. McKissack, Peter Vredenberg and Fitz Randolph Smith."

Inclination urges, but space forbids, biographical sketches of these eight medical men, for which, however, those interested are referred to Snell's History of Hunterdon and Somerset Counties, published in 1881, and which contains the most of them together with the biographies of most of the more prominent medical men of the county prior to that date. Suffice it to say that these eight men members of the State Society, of high standing in the profession and appointed for the purpose met and organized our society at the tavern of David Sargeant. This building, altered from one of the earlier buildings of the town, stood just west of the present First National Bank, was of frame construction and in it were held seven of the first meetings of the society. It burned in 1820, sometime after the meeting of May 4.

At this first meeting a set of laws to govern the society was presented by Dr. Taylor which were taken up separately and with no doubt serious discussion adopted. An order of business was also adopted and notices to be published in the Times and Fredonian of the organization of the society and the manner in which "candidates may apply for a license to practice physic and surgery. But most interesting of all is the

record of the election of officers. And right here let us pause and make obeisance to the memory of Peter Vredenburgh. For when from the eight members there had been elected, no less than five officers, and when again the board of five censors had been chosen lo of all the society Peter Vredenburgh held no office, but was truly the society itself. Yet not for long was this distinction his, for the records show that he served the organized profession, both in State and county, in the majority of offices and left an enviable record for himself and his county. The last record we have of his personal touch are the minutes of April 29, 1847, written in a type of script, not markedly dissimilar to a turkish war proclamation, evidently by a quill in the hand of an old man and signed boldly, Peter Vredenburgh, rec. sec.

It may not be amiss at this juncture to consider briefly the "By-laws, Rules and Regulations of the District Medical Society for the County of Somerset, in the State of New Jersey" as they appear in the first pages of the old book, and to which, headed by Peter I. Stryker, are subscribed the signatures of the majority of those who composed the membership prior to 1903. Its no type written matter, but still a very legible script in a bold hand and evidently written with great care and attention. One can easily imagine its production to have used up several quills. Twenty-three sections enter into its composition, and a very fair idea of the society at that period may be gathered from its perusal. The officers and their duties are clearly defined, though in phraseology that is a trifle quaint and formal. A board of censors is provided for, whose duty should be to examine all students who should present themselves for that purpose and report their opinion of such examination to the president of the State Society and the Somerset County Society. The branches are stated to be materia medica, pharmacy, anatomy, physiology surgery, theory and practice of physic, midwifery and chemistry. Each branch was limited to three hours for the examination which was to be in public. Stated meetings were to be held semi-annually at ten o'clock in the morning. Proposal of new members, active and honorary, was provided for, together with the amount of dues to the society. The fee for examination for license to practice was set at not less than \$10.00, payable upon receipt of the certificate from the proper authority. All monies in the hands of the treasurer was to go to the es-



tablishment of a medical and philosophical apparatus after the defrayment of the current expenses, and the bonding of that officer was provided for. In just what this "apparatus" consisted patient search does not reveal, nor have the varying hands of equally variant secretaries set down, other than a proposal to set aside funds for establishing a library which appears in the minutes of April 28, 1836. Section 16 provides that "The exercises of this society shall be to collect and receive information on the different subjects relative to medical science, and a medical dissertation shall be read before the society at every stated meeting by one of the members whom the president shall appoint at a previous stated meeting." In passing it may be well to note that this was lived up to as regards appointment, even to the designation of some member to make meteorological observations, tho' candor compels the further statement that the section in actual working was honored quite as often in the breach as in the observance. Section 18 throws a very broad light upon the importance in which the members held the new society for it provides that a member absenting himself for several consecutive sessions or failing to perform duty assigned him, shall be subject to investigation as to his conduct and shall be liable to a fine not to exceed \$20.00. Lest undue sympathy overcome any of you let me hasten to add that I have been able to find but few fines recorded and the largest of those 75 cents. Yet even so the very evident importance of medical organization was so keenly felt that such a fine for derelictness in attendance and performance was not considered out of reason, and was so accepted by those who subscribed thereto. In those days of primitive travel, when a meeting meant a long ride and a whole day given to it, the devotion of the members to a wholesome object might well be brought to the attention of some of our present day brethren who are often times too prone to place on occasion some trivial pursuit above the moral and actual duty owing their respective county society. In further exhibition of this high esteem for the proper dignity of medicine section 21 provides that "It shall be considered dishonorable and worthy of censure for any member of this society to hold professional intercourse with irregular bred pretenders to medicine, illegal practitioners or expelled members." And finally, with a section devoted to fees, etc., and a section providing for alteration and amendment the articles close.

Such in brief was the first set of laws governing the society—laws which in compliance with changes in the State to-day have been annexed and changed many times until 1903 when the present laws and constitution were adopted and the society took its present form. And amid all these changes in a hundred years Somerset County in its medical society has been loyal to the parent body. Only twice do I find any evidence of friction. The first appears in the minutes of April 30, 1868, as a low growl of dissatisfaction expressed in a resolution to be presented to the State body protesting against the use of the State reports by the Essex brethren as archives to contain the ante mortem statements of their numerous and extended biographers at the State's expense for printing. The resolution was, however, tabled and no action resulted therefrom. The second occurs in the minutes of April 29, 1869, when there is on record a resolution declining to pay the State assessment or to elect delegates to the State Society, and Drs. J. W. Craig and R. S. Smith were charged with the duty of conveying it to that body. The minutes of the next meeting, October 28, 1869, record the visit to the country society of Drs. Ezra M. Hunt and Henry R. Baldwin as a State committee to explain matters and through the kind offices of these gentlemen all differences were satisfactorily adjusted. For so long a period as a century the records are exceptionally free from breaks. One of these occurs after the annual meeting of April 30, 1874, at which five members were present. The next record is that of April 26, 1877 which opens "After three years the Medical Society of Somerset met at the office of Dr. Swinton." Just wherein lay the cause for suspension of the society's activity I have not been able to determine. Let us attribute it to inertia and pass on. The second break comes between the meeting of April, 1889, and that of July 28, 1892, and was due to the fact that the minutes were lost by the secretary, together with a few others that were later recovered by Dr. J. C. Hecht and inserted. The minutes for the April meeting, 1845, are also missing, but with these exceptions the minutes are complete, and for the most part satisfactory, though presenting a regular succession of secretorial ideas as to proper arrangement of data and a bewildering variety of chirographic exhibitions. I find record of 291 meetings of the society of which eleven were void, there being no quorum present, and seventeen were special, being called for

various legislative and obituary reasons. Until April 30, 1874, meetings were held semi-annually, the meeting in April being the annual meeting for the election of officers, etc. Beginning with the meeting of April 26, 1877, quarterly meetings were held, the annual meeting still falling on that month. At the meeting of July 9, 1908, the number of meetings in the year was raised to six, and October 8, 1914, was the first of the annual meetings to be held in October. With very few exceptions the meetings have all been held in Somerville, the exceptions consisting of visits to various State institutions and the Raritan Valley Farm.. During these years those who have played the role of "Mine Host" have been Daniel Sargeant, Wm. Mann, the Union Hotel, D. Doty, John Torbert, Wm. Barcalow, H. V. Nevius, Jacob Fritts, Santerson's Hotel and Somerset Hall, while the memory of the present membership goeth not back when the Ten Eyck house and meeting place were not synonymous. From January 31, 1878, to April 29, 1886, the minutes fail to state the place of meeting. Until April 30, 1874, sessions were held in the morning and were followed or interrupted by a recess for dinner. Beginning with the meeting of April 26, 1877, the afternoon session came into being, and the custom of a dinner at the annual session was inaugurated by a dinner tendered to the regular practitioners of the county at the session April 29, 1886. It can easily be seen from the geography of the county that travel to the county seat must be always a matter of personal conveyance to a great extent, and in the days when roads were poor and in April, at least, worse, the need of a day to go and come and transact business was apparent. One may easily imagine it a privilege not lightly esteemed to gather with the other birds of the professional flock and chat over cases, conditions and prospects. Somerset County medical men have long derived great benefit from the society's "experience meetings" in which formal presentation of professional occurrences have given way to more informal discussions, and not the least of these have been so handled around the dinner table. That these dinners were not funeral may be inferred from the only itemized bill I find amongst the many receipts filed in the archives. I confess I cannot quite add up the totals as they have been done; but it was paid as rendered on the order of the president.

Medical Society of Somerset County.

		To Wm. Barcalow, Dr.
To	1 glass cider .....	\$ .08
"	4 Spanish cigars.....	.08
"	1 glass brandy .....	.06 1/4
"	1 glass wine bitters .....	.06 1/4
"	3 " " " .....	.18 3/4
"	1 glass rum .....	.06 1/4
"	1/2 - 1/2 glass .....	.06 1/4
"	6 Spanish cigars .....	.12 1/2
"	6 " " .....	.12 1/2
"	12 " " " .....	.25
"	12 dinners @ 5/ .....	7.50
"	11 horses to hay and oats @ 2/..	2.75
		<hr/>
		\$11.29 1/2
Error .....		.87 1/4
		<hr/>
		\$10.22 1/4
		Received payment in full,
		Wm. Barcalow.
April 29, 1830		Treasurer of the District Medical
		Society for Somerset.
		Pay the above bill
		J. W. Craig, Pres't.

It shows some side light on the character of the meeting of that date at which ten of the members were reported present, to note that other than receipt of one application for membership, refused to accept R. S. Smith's excuse for non-attendance at the State meeting, report of delegates and election of officers, the examination of the treasurer's account and payment of bills, examination of a few candidates and refusal to examine certain ones from New York on the ground of lack of authority to so do, of there is nothing to record, the secretary merely adding as an after-thought that Dr. Wm. D. McKissack read an essay on some medical or philosophical subject which in the light of subsequent entries prove to have been an appointment and not a statement of work performed. For at the next meeting Dr. McKissack was not prepared and was excused. The next meeting, April 26, 1831, is briefly dismissed with the statement that the district Medical Society did not "organize" this day, there not being a quorum in consequence of a severe storm of rain. Wm. D. McKissack, rec. sec., Oct. 21, 1831, the doctor was again excused and his appointment continued, and in the next minutes, April 26, 1832, there is no mention yet of the appointment having been filled, which may be considered the end of the matter and correct as he was himself the secretary of record.

But let us turn to the consideration of matters other than the bare statistics of meeting held. By the laws of 1816 the State of New Jersey recognized as legal practitioners of medicine and surgery those



who were duly licensed by the State Medical Society, and for this purpose the State body provided for a system of censors who should examine and report upon the fitness of those applying for such license. At the first meeting of the Somerset Society it was on motion resolved: "That this society consider it their province to appoint the examiners under the act of incorporation always paying proper respect to nominations made by the Medical Society of New Jersey." Under this ruling the society elected its own board of censors May 21, 1816, and May 1, 1817. At the meeting of October 1, 1818, the society amended its law in regard to the election of censors who were thereafter appointed by the State body. This arrangement was active until about 1833, when the minutes of October 17 show that the State had divided its jurisdiction into three component districts, the East, the West and the Middle, which consisted of Monmouth, Morris and Somerset, and later Middlesex, and each of these had its own board of censors appointed from the respective component societies. In the middle district Somerset had always a capable representation. At the annual meeting of the State Society at New Brunswick, May 9, 1837, the proposal was made to combine the three boards of censors into one general board of three censors from each county, which proposal was referred and reported favorably upon at the succeeding annual meeting. This arrangement evidently did not work satisfactorily for the minutes of October, 1842, show the following resolution, viz.: "That this society express their opinion in favor of altering the (State) charter so as to bring back the examination of candidates to the counties, etc." Such course was evidently adopted, for the record shows a special meeting called for July 10, 1844, for the purpose of examining candidates, and which adjourned to July 26, inasmuch as the board had no copy of the rules adopted by the State Society and was at a loss how to proceed. The system of examinations for license became however less satisfactory to the profession at large and the report of R. S. Smith, delegate to the State meeting held at New Brunswick May 8th, 1849, showed the following resolution presented which was not, however, adopted, viz.: "That in the opinion of this society it is expedient to abandon the present system of examining candidates for license." After the report of the delegates to the State meeting in 1854 there is no further mention of a censorial board until

the adoption of the present system of the society which provides for a board of three censors, one elected each year to serve for three years. The first board so elected took office from April 14, 1904, and with its successors has discharged functions vastly different from those of the old boards and too familiar to the members to need mention here. It would be interesting to have an absolutely authentic list of the licentiates for which Somerset stood sponsor.

I have endeavored to complete such a list and attach it for what it is worth to the mass of statistics that this research has produced. I am forced, however, to believe that if the old saying be true that brevity is the soul of wit, that our forbears had an extremely marked sense of humor. For both delegates and secretaries alike had the habit of merely naming the licentiate without any further data as to his origin, and the confusion becomes worse with the division of the State into districts. The attached list is however attested as a true list and including April 26, 1827, in a hand writing I am unable to identify in the back of the old book. Two pages are also taken of these to attestation by the various secretaries at the time that pupils certificates had been filed by the following applicants with date of commencement of their study and the preceptor. I give the list on next page.

There is also remaining in the society archives a blank certificate for the use of the censors in recommending applicants to the State Society for license. A specimen of interest in the highest form of the printer's art of that time, in size 8 x 10 inches, on a rather feeble texture of paper and evidently intended for use in the later days of licensure while under control of the boards of the several counties. I beg your indulgence while I read its text:

This is to certify that we .....censors of the District Medical Society for the County of.....appointed by the Medical Society of New Jersey, have this day carefully and impartially examined.....of.....county of....and State of.....and being well satisfied with his attainments in the various branches of medical and surgical science, and of his moral character, do hereby recommend him to the president of the Medical Society of New Jersey as a proper person to receive a license to practice physic and surgery throughout the State of New Jersey.

In testimony thereof we have hereunto subscribed our names and affixed our seals

Applicants	Preceptor	Date of beginning study
Samuel Schenck .....	George Rex .....	May 5, 1836
Joseph Gaston .....	Albert Sargeant .....	April 2, 1838
Charles Hedges .....	Peter Vredenberg .....	July 24, 1838
Henry B. Woodhull .....	A. F. Taylor .....	March 1, 1842
Henry L. K. Wiggins .....	John Blane .....	February 11, 1844

Bethlehem Township, Hunterdon County—

W. T. F. Ayers .....	Samuel Ayers .....	July 27, 1844
Hogeman .....	A. P. Hogeman .....	April 1, 1844
John V. Schenck .....	F. S. Schenck .....	August 1, 1844
Sylvester W. Ayres .....	John W. Craig .....	October 1, 1845

Westfield Township, Essex County—

John G. Ludlow .....	Jacob R. Ludlow .....	April 1, 1847
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In the archives are also preserved the actual certificates as follows:

Wm. R. S. Duryea .....	Samuel G. Howell .....	October 1, 1830
Joseph Van Doren Vredenburg .....	Peter Vredenburg .....	June 6, 1830
Isaac A. Blauvelt .....	Samuel S. Doly .....	September 1, 1830
James S. Van Derveer .....	H. Van Derveer .....	October 1, 1830
Wm. Brown .....	H. Van Derveer .....	November 21, 1831
Peter S. Tunison .....	Henry Southard .....	April 10, 1848
Jacob R. Ludlow .....	Jacob R. Schenck .....	January 16, 1843
Chas. H. Skillman .....	Abram Skillman .....	October 1, 1851

And the certificate of H. L. K. Wiggins above mentioned.

at.....this.....day of.....Anno  
Domino, 18....

The masculine gender of the certificate makes it perfectly plain that no ladies were expected to apply. I find only one record of an applicant having not been recommended for license after his examination, though a number were held up on account of lack of the preliminaries in study that the State body, continually increasing them required. As an instance of the general purpose of the Somerset Society to look to the betterment and growth of the profession, I would call attention to the minutes of October 2, 1817, in which the following entry occurs relative to one Henry B. Pool examined on that date and recommended for license: "Resolved, That in consequence of the destitute situation of Henry B. Pool as relates to finances as represented to this society by one of its members, that they remit unto him the fee required for examination and that the sum of five dollars be appropriated for the purpose of paying the Medical Society of New Jersey for his diploma and the president's signature. In further evidence of this intent as well as to emphasize the fact that the term of easy mark, as applied to physicians, isn't a strictly modern term. I beg also to cite the following. At the meeting on April 19, 1821, one, Garrett G. Tunison, was examined and recommended for a license to practice. At the meeting of October 17, 1822, the recording secretary was by resolution requested to address a letter to Dr. Tunison requesting the payment of \$10.00

due for the examination of his son. A note of bond was evidently the result, for the minutes of April 24, 1823, note that the treasurer was requested to collect the note of bond held against Dr. Tunison before the next meeting, and on October 30, 1823, he accordingly reported it in the course of collection and the amended minutes show it was in the hands of A. Howell, Esq., for that purpose. October 28, 1824, it was moved that Dr. Vredenburg call on A. Howell, Esq., for money due the society from Dr. Tunison. The treasurer's report for April 28, 1825, shows as an asset \$10 due from Dr. Tunison and there appearing no further mention of the matter it was probably by this time settled.

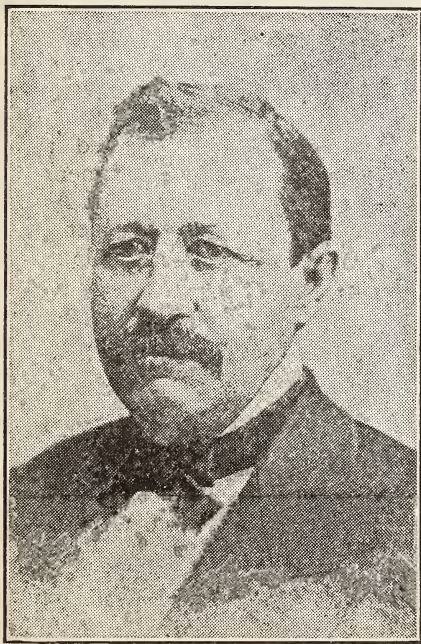
The censorial system had much to commenced it and served the purpose of safeguarding the interests of both the profession and the laity so far as was necessary in those times. Financially it was helpful to the treasury of the county society which profited in the first instance by a direct fee from the applicant, later by a yearly dividend from the State Society based on the total licentiates in the State, and finally by retaining part of the fees paid the board while under county control. With its abolition this source of revenue was curtailed, but with it went as well much of the society's responsibility in determining fitness to practice.

I pass to a consideration of the professional papers and demonstrations recorded as having been presented before the society, both by its own members and by men prominent in the profession elsewhere. And just



at this point, to forestall any odious comparisons, as well as to solve the present day success, whose sins of omission along this line are progressively evident with each meeting of the society. I am forced to acknowledge that our professional forebears, they to whom we look with reverence and from whom we derive the society as a sound trust, were just as adept in dodging such work as we of the present day. The records of appointments made, not kept or continued, shows that the distaste for academic presentation of scientific medical work isn't a wholly modern disease. Out of charity I make no attempt to chronicle the delinquents, who at times were fined as much as 25c for their short comings. Even James Elmendorf, to whom was entrusted the weighty matters of meteorological observation, grew so lax that after being admonished several successive meetings he was told finally to do better work or his job would be taken away from

mutual consideration of cases, and one cannot doubt that much that was of value to all concerned evolved from the frank discussions at such times. I have spoken before of these Somerset County experience meetings. Let me again emphasize my belief that more of real good has accrued to the society from these free, open and above-board discussions of cases, errors and successes than from any other one source. Until the meeting of October 27, 1892, there is no record of any formal paper before the society by other than one of its members. On that date Dr W. B. Johnson, of Paterson, read a paper on "Intubation of the Larynx," and since that time practically every annual and many of the stated meetings of the society have been addressed by someone prominent in the profession. I need not go into details here, but will refer those interested to the list of meetings, places of meeting, dates, speakers and subjects attached hereto. I am constrained to note however an interesting fact that is noted in the study of the old records. It has long been accepted as a mark of thorough education and standing in letters for a speaker or writer to use properly a quotation from the Latin poet Horace. This is a bit of literary polish than which there is none more shining. So in the medical world it is the mark of highest attainment to be able to authoritatively fix the status and other details of typhoid fever in a set paper. Curiosity led me to look up the number of times in which this king of fevers has been proposed as a topic for discussion for a set paper, and to note as well the times it was dodged. I can give the figures but mindful of the old latin motto, "de mortuis, nihil nisi bonum," I shall not do so. Yet as a sort of professional roll of honor I deem it well to record those who in the hundred years of the societies existence have presented this subject in some place and thus earned the unquestioned title of doctor—the learned man. May 1st, 1817, Fitz Randolph Smith read a paper on "Peripneumonia Typhoides." April 28, 1860, C. B. Jaques read a paper on "Typhoid Fever." April 23, 1872, J. S. Knox read a paper on "Indication of Treatment and Action of Medication of Typhoid Fever." July 26 1888 there was a general discussion of typhoid fever, while the list closes with an open discussion of the treatment of typhoid in October 25, 1900, in which A. L. Stillwell played the stellar role. Let us then figuratively place the laurel upon the brows of

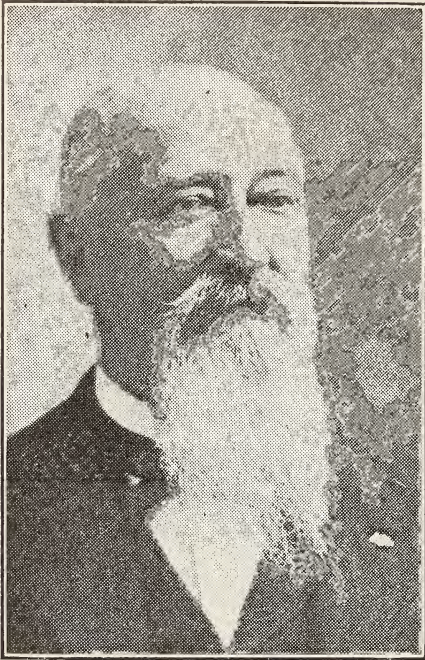


DR. H. F. VAN DERVEER  
Elected Member 1852

him. Truly an awful penalty to contemplate! Nevertheless I find chronicled in the neighborhood of 157 set presentations that were in all probability written pages. A number of earlier papers are still preserved in the archives and make extremely interesting reading as they contrast treatments of earlier days with those of the present time. Many of the meetings were given up to



these learned gentlemen and turn to another place of the society's activities, which for lack of a better name I may refer to as professional police duty.



DR. H. G. WAGONER  
President for Five Years.

It needs no great argument to prove that one of the greatest trials in human nature is credulity, and no matter what the veneer of civilization may cover human nature shows always in its essential struction this trait as surely as wood shows its grain. The ignorant savage with his nupterious medicine shows it in no less degree than the high culture of to-day shows it in the various fungoid fads that thrive on its fertility. The wide following of present day humanity after various cults, some of them having a medium of usefulness perhaps, yet all of them of contracted usefulness at that, is but an evidence of existant credulity. It is mathematically impossible to make a part of whatsoever dimension equal to or greater than the whole, and yet that is what is calmly attempted by many of the outlandish remedial systems that arise almost daily, claim their quota of credulous followers, adorn their existence with the sacrifice of lives that have been offered up to their teachings and then demand legal status for their protection. I hold no brief for my professional brethren, but I do say that no true-minded physician thinks that the mere

giving of medicine or use of surgical measures alone constitutes his sole duty to mankind. Such duty is broader and includes the task of protecting humanity at large from those who, ignorant of true principles and devoid of common honesty would seek to fatten themselves by preying on the credulity of others. Such duty is one of the essentials that have demanded the organization of medical men into societies, and such as evidenced by the original constitution of this society was one of the reasons for its establishment. Nor has the society been neglectful of its trust, both in the actual work of bringing imposters to account and as well in the attempt to augment the public education in the matters of health and disease, but also in the proper influencing of legislation regarding medical matters at large. The records show many discussions relative to illegal medical work in the county, showing that at all times the society has been alert. The minutes of April 27, 1843, shows the adoption of the following resolution: "Resolved, that this society proceed against an irregular and a pretender calling himself Thompson who has been prescribing within the bounds of this society." Drs. Smith and Sargeant were appointed a committee to carry out the resolution and the minutes of April 27, 1847, show that the bills of the attorneys in the case were presented and paid. October 27, 1853, it is recorded that "Dr Wm. J. Moore's application for membership in consequence of certain irregular practices on his part, to wit, an advertisement to those desiring it," was reconsidered and unanimously ordered to be laid on the table. At the session of October 27, 1881, a motion was carried that the society should take some steps for the suppression of illegal practice of medicine in this county, and this was further supplemented by a motion to appoint a committee of three to confer as to means for such action. At the meeting of January 20, 1882, the committee reported that no well authenticated case of illegal practice had been reported. A motion to discharge the committee was lost and they were continued with power to prosecute illegal practice in the society. At the session of July, 1882, Dr. W. J. Swinton reported in reference of certain irregularities in practice, apparently by one Dr. Contin, and Dr. Van Derveer was directed to write to the said Contin, and the committee decided to push the matter whatever it may have been. The minutes of October 26,



1882, show however a resolution that Dr. Contin having left the country that the proceedings in his case be dropped. The minutes of July 12, 1906, in the report of the legislative committee show that one Dr. Crouse of E. Millstone and a Maria Adelaide Olivia Whithoer of Raritan were practicing without proper and legal registration and had been brought to account therefor. I find no other references to actual action on the part of the society. In matters of medical legislation affecting the entire State and the profession at large the society has always been ably represented at various hearings at Trenton. Thus it has appeared in the matter of anti-vivisection, regulation of osteopathy and the latest fad chiropraxis. The society has also held many public meetings throughout the county in the line of education in matters of health, tuberculosis and the like which have unquestionably done much to assist along the line of public work, and the sphere of activity will doubtless be broadened as time goes by. In the matter of "contract work" so termed the society has the honor of being among the first, if not the first, to go on record as opposed to its pursuit. A small matter in a way, and yet a matter that in its last analysis affects very materially and detrimentally both the profession and those who would avail themselves of it. No member of this society, either directly or indirectly, may enter contract work for lodges or kindred bodies, nor to cut rate insurance examinations, and expect to retain his standing in the body.

Of troubles accruing to the members of the society only once do I find any mention. Not a bad record, that for one hundred years only once has a member had to face accusations against his professional standing, and this was in 1834 when a Rev. Abner Morse who was then a clergyman in Somerville, and later removed to New York State, preferred a charge against the professional conduct of Dr. R. S. Smith in that he had let Morse's wife die from puerperal fever. Fortunately the fall papers are preserved in the archives—both the account of the case submitted by Dr. Smith and the accusation made by the Rev Morse. The doctor's account of the case is in detail, and the treatment given would compare favorably with that of to-day, while the result would be no less certain now than then. One has but to read the two documents to realize that Dr. Smith was an able conservative man and deserved no such treatment as he received,

and that the Rev. Morse had very evidently less respect for the visitations of Divine Providence than one would expect from one of the cloth. The matter was taken up by the State Society, and both there and in the county society dropped as being unwarranted criticism and constituting no cause for action.

So far I have discussed matters that belong more pertinently to our society itself, but let it not be overlooked that Somerset through all these years has been an active part of the State body, and while its own rules have been at all times in proper relationship with those of the parent body, yet nevertheless much of the legislation of that body has originated in or been influenced by the daughter society as well. Twice has the society been under the necessity of reorganization, because of essential changes in the structure of the State body. Thus the minutes of October 28, 1830, contain the delegates report given by Dr. R. S. Smith which states that the parent body proceeded to recognize under the new articles of incorporation and spent a large part of the session in considering and adopting a new code of by-laws. The minutes of April 26, 1832, show that Somerset had adopted her new rules and recognized in accordance therewith. Again on December 22, 1903, the society by reason of change in the parent body was compelled to alter its form and on that date, at a special meeting called for the purpose, after making provisions for safeguarding its records and effects the old society was formally disbanded as the Somerset County Medical District Medical Society, and the members immediately reconvened and proceeded to organize as Somerset County Medical Society. Constitution and by-laws were adopted in conformity with those of the State Society were approved and the application for a charter made. This was duly granted and the society took its present form. It would take too long a time to discuss the never-ending stream of minor changes that have been proposed and adopted by the society, in fact such a recital would practically duplicate the minutes up until the middle fifties. I know of no better way to illustrate the growth and change in the society's rules than to liken it to a continual fermentation, in which the continued process of change looks ever to a clearer end product through elimination of the dross, and yet never ceases as new material and new members are placed in the working

mass. It is interesting to note, during the period in which licensure was in the hands of the profession, how the first rules governing admission to practice were one by one revised; how preliminary requirements became more rigid and examinations grew more strict. This function being the most important one exercised by the organized profession it is no wonder that it received the attention it did, and I claim to no small



JOHN P. HECHT, M. D.

Former President and for Many Years Secretary of the Society.

honor for our county society that much of general activity along this line was due to the influential, active and able men from Somerset. Let me add for the just elevation of that pride some few matters from the minutes of April 27, 1826. The reports on that date of the delegates to the preceding semi-annual meeting of the State Society show that Peter I. Stryker laid before that body a supplement to the act entitled: "An act to incorporate the Medical Society of New Jersey, which supplement was in two sections. The first provided for the establishment of the rank of fellow for the ex-presidents of the State body, past and future. The second provided the manner in which regulations should be adopted through which the Medical Society of New Jersey might confer the degree of M. D. This was important legislation for those times, and it was a Somerset man who proposed it. It may of course be only a coincidence, but one may perhaps be justified in believing it

an evidence of a commendable sense of self importance that at this same meeting the county society voted \$20.00 for the purpose of purchasing a seal, and also provided that certificates of membership should issue under the same. That the seal was actually over-worked may be inferred from the resolution recorded October 30, 1828, that P. Vredenburg procure a screw for affixing the society's seal. The only mentions I find of the degree of M. D. being given to a Somerset member was in October 17, 1833, when the minutes of that date show it was conferred as an honoray degree upon Wm. D. McKissack of Millstone, and at that same time upon Jephtha Munn of Chatham in Morris County, and in 1835 upon J. W. Craig.

Such is a brief review of the century of the medical organization that we celebrate to-day. Never a large body, yet in the main an active one, more particularly in the earleir days of its existence. The largest recorded membership shows barely more than thirty enrolled at any one time—a condition not to be wondered at in view of the physical structure of the county itself. Its farm lands, hills and woods, its comparatively small and scattered towns, and the lack of favoring geographical sites for the founding or growth of large centres of population all make it unlikely that it will ever receive any great influx of medical men to augument the society's ranks. The more honor then that through all these years and with so small a membership it has kept alive its activities as it has. True there have been perids of comparative quiescence when the society has needed stimulation and has sought diligently for means to arouse an interest that was flagging. But after all is this not the law of nature, that rest and activity should alternate? And now as the century names what of the future? Will there be a Somerset County Society in 2016? Will there be any medical organization in 2016? Will the dream of Erhlich ever be realized in the discovery of a universal, harmless and effective anticeptic that may be placed in the blood and act on all forms of infection? Will the enforcement of eugenic measures produce eventually a race that needs not to be done over in its defective details by the surgeon's knife? Will the growth of mental and physical cults so increase that the male and female hysteric will find suitable and ideal balms for all their fancied ills? In short are we drifting or hastening to a day when the



physician and surgeon as we know them now will find knowledge so advanced and therapeutics so simplified that a suing faced health officer with a syringe and a bottle of serum will have left them naught of the broad field of medicine, save only the narrow fields of entochia, enthusiasia and trama? For just as surely as one may compare 1816 with 1916 so may one forecast that in the next hundred years either medical discoveries will have so clarified the knowledge of disease and its treatment as to reduce it to a mere trade from its very simplicity, or else the specialities will have so widened that the general practitioner will find no field for him. We stand in no uncertain sense at or near the parting of the old and the new. But as we pause and shrink from the estimation of the future, so let us from the present look back to the past and in our imagination portray the seven officers and one member of the new society that was born May 21st, 1816. And still in that same imagination let us invite them as guests to sit with us, Peter I. Stryker, the man of military and medical standing; Wm. McKissack, to whom I think is attached the old story of how returning home one night he mounted his horse still hitched to its gig for whose rumbling wheels he patiently turned out till patience ceased to be virtuous; A. R. Taylor, who drew the first constitution and laws; James Elmen-dorf, whose zeal for meteorological observations was not excessive; Wm. D. McKissack, with his honorary degree of M. D.; Fitz Randolph Smith, the first secretary; Ferdinand S. Schenk, who was not only an able physician but a public spirited man and served his county in many political ways, and last, but not least, our old friend Peter Vredenburg, whose distinction is maybe as the only member of the original society. And when they regain their breath and composure from the wildly exciting conveyance hither from their respective localities, so different from 1816, let us give them seats of honor at the table, and then let our toastmaster at the proper time welcome them. And if his speech should pat them on the back a little—what matter—do they not deserve it? And if he assures them that the work they organized has been progressive and well cared for, what of it, is it not so? And if they grow a trifle rosy with pride, and dignity gives way to the relaxation of goodfellowship—what matters it. Should they not enjoy with us the happy spirit of the present day. And so while we

still remain in our imagination with them and the other members who have gone, who like ourselves have been part and parcel of the county society, and while the spirit of a hundred years hangs over us, let we alone, looking not backwards, but forwards, a hundred years into the unknown—in my own imagination grasp the hand of him who shall pen the historical sketch of the second century, and assure him in a voice choked with painful emotion of my best wishes and my most heartfelt sympathy.

The musical exercises were enjoyed by all, especially the violin solos by Miss Flynn, daughter of Dr. Thomas H. Flynn.

President Weeks invited all present to proceed to the room below where a sumptuous dinner was served by the ladies of the church. After that the president called upon the following persons to respond to toasts:

Dr. David C. English, editor of the State Society's Journal, who presented the greetings of the Middlesex Society and referred to the 150th anniversary meeting of the State Society in June and invited them all to attend.

Dr. O. H. Sproul, Flemington, presented the greetings of the Hunterdon County Society.

Dr. T. N. Gray, secretary of the State Society, made an earnest plea for organization and preparedness.

Dr. F. C. Ard, Plainfield, presented the greetings of the Union County Society.

Dr. Francis McConaughy was also called upon to respond to a toast and Dr. C. P. Fisher, of Bound Brook, the oldest member of the local Society with which he has been connected for 37 years and Dr. A. L. Stillwell, who has been very active in the work of the society also made brief addresses.

Observance of Somerset County's Centennial at the 150th annual meeting of the State Society, at Asbury Park, N. J., June 22, 1916.

Dr. David F. Weeks, president of the county society, presided, and in a brief address brought the greetings of the Somerset County Medical Society to the State Society. He then introduced Dr. J. Hervey Buchanan who delivered the following:

#### HISTORICAL ADDRESS.

It has fallen to my lot, and I deeply appreciate the honor, to appear before you as a representative of the oldest county society in the jurisdiction of your honorable

body, and in commemoration of an honorable and an honored existence of a hundred years, present its greetings and briefly outline the more salient points of an active century. I regret that my time limit is too short for other than a thumbnail sketch, when recorded facts make ample material for a glowing canvas. Yet so it is, and I shall undertake it with the full consciousness that much of interest must be left unportrayed. It is no small task to compress the activities of an hundred years into a space of twenty minutes; right well do I appreciate, at this moment, the despair of a country patient of mine, who recounting to me a difficult task that confronted him, said earnestly, "Doc, it almost can't be did"; yet even so you will, I hope, credit me with the attempt though the net result may not be fully satisfactory.

The Medical Society for the County of Somerset, has been, is, and probably always will be a relatively small body in its membership. A county of farms, of lush meadows and wooded heights, of small villages, mostly, and these scattered, of little intercommunication save by highway, and of few locations favoring the planting or growth of large centres of population, it is very unlikely that any great influx of medical men will ever occur from which its ranks may be augmented. Yet even so, its membership has always been active, faithful to the duty owing the public and loyal to the organized State body and the ethical principles which it represents. If we turn to page 150 of the Transactions of the State Society we shall find the list of the professional men who were appointed May 7th, 1816, to organize the District Medical Society for the County of Somerset, as recorded by William McKissack, himself a Somerset man. They were Peter I. Stryker, Ferdinand S. Schenck, William McKissack, James Elmendorf, William D. McKissack, Augustus R. Taylor, E. (Fitz Randolph) Smith, Moses Scott and Henry Schenck. Of these A. R. Taylor, William McKissack, Moses Scott and E. F. R. Smith were among the first fifteen managers of the State Society as required by the second section of its new articles of incorporation. Our records, which are practically complete from the first meeting to the present, show, however, that at the organization meeting held on its appointed date, May 21, 1816, at the tavern of Daniel Sargeant in Somerville, Moses Scott and Henry Schenck, for some reason that I cannot give, were not present, but that the

other appointees with the addition of Peter Vredenburg proceeded to organize the society. These were men noted in their day, active in their profession and serving the State faithfully and well both in civil and professional spheres. Peters I. Stryker, of Dutch descent, born June 22, 1766, the year your State body was organized, studied medicine under Dr. McKissack and practised at Millstone for six years when he removed to Somerville, dying there in October 19, 1859. He stood high in civil life and in the militia in which he rose to the rank of Major General. Governor Newell with a staff of forty officers of the militia, followed his remains to their resting place. James Elmendorf, a Princeton graduate of 1807, who practiced first in Millstone, then with P. I. Stryker in Somerville, 1825-27, and then again returned to Millstone where he practised till his death in 1852. His degree of M. D. was conferred by the University of Pennsylvania in 1813. A. R. Taylor, a graduate of the University of Pennsylvania in 1803. Practised medicine in a section of New Brunswick then included in Somerset County and where he was born in May, 1782. He did much important work in drawing up the act of incorporation of the State Society, and drew the first draft of our county's original constitution and by-laws. He was elected to the State Legislature in 1839, and died in August of the year following.

Ferdinand S. Schenck was also prominent in civil affairs. Born February, 11th, 1790, he studied medicine with Peter I. Stryker and G. Smith, of New York City, and practised at Six Mile Run (Franklin Park). He was a member of the General Assembly of the State, 1829-31, and Congressman, 1833-36. In 1844 was a member of the convention that framed the constitution of the State and was appointed Judge of the State Court of Errors and Appeals in 1845, serving in all some ten or twelve years. He was for many years a trustee of Rutgers College and one time a member of the State Commission of Banking. He died May 20th, 1860, and is buried at Pleasant Plains. Wm. D. McKissack was born January 28th, 1781, graduated from Princeton in 1802, read medicine under Dr. Nicholas Belleville at Trenton, and later took lectures in New York. He practised medicine in Millstone from 1807 up 1853, beginning his work first at Pittstown, Hunterdon County. He was a Captain of Volunteers in the war of 1812, later becoming a brigadier-general in the State



militia. He died March 6th, 1853. Wm. McKissack is said to have been born in Ireland. He practised in Bound Brook and became a member of the State Society in 1795. He was the father of Wm. D. McKissack and the grandfather of Peter D. McKissack. He died in February, 1831, at the age of 77 and is buried at Bound Brook. Ephraim Fitz Randolph Smith, whose name appears in the State records as E. Smith, and once as E. F. R. Smith, but invariably in the Somerset records as Fitz Randolph—both in his own hand writing and otherwise—was a prominent man of a studious and religious nature. He was born in New Brunswick in 1789, graduated from the College of New Jersey, studied medicine with Moses Scott and graduated in 1808 from the University of Pennsylvania. He was for many years president of the New Brunswick Bank and Mayor of the city in 1842. He retired from active practise in 1854. He was the first secretary of the Somerset Society and opened in May, 1816, the minute book which it was my duty to close in December, 1903. I can testify that he was a careful historian, used good ink and wrote a legible hand. A recent painful search through the varying chirography of our various secretaries convinces me that both ends of that historical romance known as the records of the District Medical Society for the County of Somerset can be read, even if the middle is sometimes a trifle hazy! And last, but not least, Peter Vredenburg who after practising eight or ten years in various locations settled finally in Somerville in 1810, where he practised long and successfully. And just here, let us pause and make our obeisance to this same Peter Vredenburg. For when out of these original eight members, five had been chosen as officers and when the board of five censors had been chosen lo! of all the society Peter Vredenburg held no office but was truly the society itself! A signal honor, but not long his for the records show that he served the State and county organizations in almost all their various offices. The last record that we have of his personal touch are the minutes of April 29th, 1847, in a script not unlike an official Turkish war proclamation, evidently written by a quill in the hands of an old man and signed boldly, P. Vredenburg, recording secretary.

I have given these brief notes to show the type of men to whom was intrusted the organization of the Somerset Society, which

type has been evident through all the years of its existence. Lack of time prevents further notes, though inclination urges sketches of the Van Derveers, Skillmans, Craigs, Schencks, Wagoner, Hecht, Merrell and the others who have served the profession well and richly deserve extended mention.

The little society thus launched took the water with much fuss and with sound articles of navigation. A. R. Taylor, an experienced hand in such matters, drew the articles of constitution which with discussion were adopted. Twenty-three articles in all entered into its composition, covering almost everything that could arise. Two sections may bear notice here. One which a fine not to exceed twenty dollars for continued or repeated dereliction in duty on proper evidence. A pretty high figure, and yet it shows with what seriousness the members took the new society, when such a sum was not deemed an excessive limit and was assented to by all those who subscribed to the constitution. Let me hasten to add, however, that 75 cents is the largest fine I have found recorded as actually imposed. The other is a section providing for a board of censors for the examination of applicants for license to practise. This function, that of determining fitness to practise, was by far in my estimation, the most important that accrued to the organized medical body of the State and its component district societies. One has only to go over the various accessible records to realize that its importance was recognized, as attested by the ever-increasing requirements demanded of those who would enter upon the responsibilities of the profession. And I count it no small honor to Somerset, that her representatives in the State body were active in proposing and carrying out much of the adopted legislation. Our minutes, and the reports of our delegates, show that a great deal of the time of our district meetings was devoted to the consideration of this matter, more possibly than to the presentation of professional subjects for discussion. It was on initiative from Somerset that the State scheme of censorship was altered and the examination of candidates brought back to the several district societies, and I doubt not, from the records that we have, that the final abolition of the system was helped actively, if not originally proposed by us. It was a good system while extant and served well its purpose; passing out at the proper

time as it became necessary to bow before the rapidly increasing mass of medical knowledge. Under its operation Somerset recommended to practise many who became noted in later years; holding back some who failed to qualify in the preliminaries demanded, but, so far as I can ascertain, withholding its final approval in only one instance. And I may as well add here as anywhere, another instance of the part Somerset has played in the State organization by recording the fact, that it was Peter I. Stryker who proposed the amendment to the State act of incorporation providing for the office of Fellow, and for the rules governing the conference of the degree of M. D. So also may I add here the additional fact that in the earlier days of our existence as a district body, a large percentage of the State offices were held by Somerset men. A far larger percentage than in the latter years, when the rapid growth of population has made it inevitable that a far greater proportion of medical men than formerly should overshadow this body with its comparatively small actual and relative membership.

But if the society was so ambitious in its active work in the State body no less ambitious was the program it laid out for its own guidance. A philosophical and scientific apparatus was to be established, whatever that may have been, and an elaborate scheme of papers, dissertations and debates was provided for. So also meteorological observations were to be duly kept by one of the members, and another at each meeting of the society was to record the diseases prevalent during the preceding six months. An ambitious scheme, but I must confess as I look over the compiled statistics of the hundred years, that is very evident that our forbears, they who established the society and from whom we derive it as a sacred trust were just as adept at dodging such academic work as are we of a later day. Many were the appointments made; some kept, some continued and many never fulfilled. Many were the excuses offered, some of which were acceptable, and some of which were the means of replenishing the exchequer. None of the meteorological records have survived the lapse of years, and I doubt if they were ever really kept at any great length. Certain it is, James Elmendorf to whom they were intrusted, after repeated admonishments was told that he must do better work or the office of recorder would be taken from him! A horrible penalty to contemplate! Yet even so

we have records of 157 set presentations which in all probability were written papers. Many of these dating before 1850 are on file and make interesting reading. Not of the latter-day type—no mention of bacterial causes—blood pressure, kidney findings—or the host of special data that modern-day medicine permits and requires, but instead sharp, shrewd and keen interpretation of grosser facts that lead one to wonder whether after all the practitioner of the early day, with his limited knowledge and his still more restricted armamentarium and *materia medica*, was not of deeper mind than we of the present, with all that we have at our command. Their treatments, if harsh often times, were at least at all times consistent. One paper I have in mind, shows very clearly how the older practitioner conducted his case. This was the detailed report of a case presented by a Fellow of your honorable body, who once gave you a "Dissertation on Obstetericks." He had been engaged to confine the wife of a Somerville divine, and had done so, only to find himself with a case of puerperal sepsis on hand whose fatal termination the Reverend husband deemed a matter requiring complaint to the county and later to the State body. The account submitted by the doctor is clear and sharp in its details and not materially different in its treatment from that followed to-day. Its perusal shows clearly two things: First, that the physician was a careful, conscientious and able man who did not deserve censure, and secondly, that the afflicted Reverend gentleman did not practice the submission to Divine Providence that it is fair to infer he preached. This is the only case recorded when in a hundred years a Somerset man has been called to account professionally and I need scarcely add that the charges were dismissed as without grounds. Until 1892 all of the academic work of the society was performed by its own members. In that year Dr. W. B. Johnson, of Paterson, read a paper on "Intubation of the Larynx" and since then many of the meetings have been addressed by prominent men from without the county.

We have on record 291 stated sessions of the society of which 11 were void, there being no quorum, and 17 were special, called for various legislative and obituary reasons. Until 1874 meetings were held semi-annually, and from that year until 1877 occurs the only break in the society's activity, and with its resumption quarterly meetings came into being, and the number was in-



creased to six at the meeting of July 9, 1908. It bespeaks an active interest of the profession that for so many years its members willingly gave an entire day for meeting together. Called together at 10 A. M., the session would be interrupted by a recess or adjourned for dinner, at which it is just to suppose much of mutual interest came up for discussion. There are present in our archives numerous receipted bills for these dinners, a few of which are itemized. I can assure you that there was nothing funereal in their make up, there being sufficient gloom dispellers ordered to prevent the cockles of the heart from becoming chilled. Bright spots were these undoubtedly in the daily routine of the country doctor, when in converse with his brethren he laid open his puzzling cases and gave and took counsel in turn. One can almost see them gathering in the early days; on foot, on horseback and in their gigs, clad in the formal style of the day, and adorned by a dignity that is becoming more of a past than a present attribute of the profession, while the spirits which through all these years of record bound them together—a spirit of comity and goodfellowship, of professional regard and lack of professional jealousy—is the same spirit which prevails to-day. Numerically our records show that 153 members have been proposed, investigated, and elected; 4 honorary members and 1 associate. This is probably complete though the omission of a few records may possibly put it in error to a slight degree. Among these 153 we are proud to include two lady practitioners, Dr. Mary E. Gaston and Dr. Effie R. Graff, both practicing in Somerville and highly honored and respected for their personal and professional standing.

But let us pass briefly to a consideration of the society activities along the line of what I am pleased to call police duty. Not alone in the bare field of professional touch with patient and fellow practitioners has the society been active. The higher duty of protecting the public from what the original constitution terms "irregular bred pretenders to medicine," as well as that of public education along lines of public health has been ably performed. Our records show that several illegal practitioners have been brought to book, and that the society has at all times been on the alert to prevent impostors from obtaining a foothold. In the various matters of State legislation at Trenton our representatives have done their full

share of work in the line of proper influence. Along the line of public education numerous meetings have been held in the matter of anti-tuberculosis work and others of the various items pertaining to public hygiene. These have been well received, have done much good and will probably be continued in increased measure as time goes by. In the matter of contract work the society was among the first, if not the first to adopt stringent rules. No member of the society may enter upon such work, nor do insurance work at cut rates and hope to retain his standing. All of which is as it should be, and an example that I offer to other societies to follow.

And now as I draw to a close this very brief resume' of a hundred years, I find myself wondering if I should not add just a word regarding the medical institutions in our territory. These are modern, up to date and efficient, and I can almost imagine the shades of our professional forbears looking with envious eyes at them as their minds go back to the cases they perforce had to attend and keep in all sort of surroundings. What a Godsend to them would have been the Epileptic Village at Skillman, when amidst proper care and attention there is steadily going on a quiet thorough study of this dreaded disease under the efficient oversight of our honored president, Dr. Weeks. Mayhap the Somerset County Medical Society will have the honor some day of seeing his name among the professional immortals who have revolutionized the science of medicine. What a comfort would have been the growing and efficient Somerset Hospital at Somerville, manned by various members of the county society and doing creditable and efficient work. The Farm Colony and Sanatorium at Belle Mead, under the care of Dr. Gessregan, one of our members. A private sanatorium that is prospering. The Brookside Sanatorium at No. Plainfield under the care of Dr. J. H. Cooley, an older institution but reliable and efficient. Our tuberculosis sanatorium—but here I dream, for none such have we. Many times has this matter been brought up and discussed, and each time does this fact stand out, that Bonnie Burn, the Union County institution can and will take care of our advanced cases, at a less expense, gross and per capita, than could be done by a county institution of our own of equal standing. So let it not be laid to the door of the Somerset Medical Society that an institution is



not located here. It may be some day, but the present practice is the best.

Such, gentlemen, is the thumbnail sketch I have to offer. Let me draw it to a close with the assurance that the daughter, now five score years of age, and a daughter

cal Society for the County of Somerset may still abide in one unbroken span over the years that were, that are, and that may be yet to come.

The New Jersey State Village for Epi-



Somerset Hospital, Somerville, N. J.

grown, brings to the mother society the same loyal devotion and filial regard that have been hers throughout this eventful time. And let me further add the wish that the lofty ideals established by Peter I. Stryker and his associates when they organized on May 21, 1816, the District Medi-

leptics at Skillman is within bounds of Somerset County and is doing a splendid work under the superintendent, Dr. D. F. Weeks' care. See our June Journal, pages 310, 311.

Also the Somerset Hospital, Somerville, which was opened in 1901, with 46 patients



during the nine and one-third months. Last year 411 patients were treated, 66 more than the previous year; there were 4,907 days of patients' treatment. The average cost per patient per day was \$1.96. There were 230 cured; 84 improved, 55 unimproved and 32 deaths. Dr. Thomas H. Flynn is president of the medical staff. See picture on preceding page.

## Historical Data.

### REMINISCENCES OF GLOUCESTER COUNTY AND ITS PRACTITIONERS.

BY LUTHER M. HALSEY, M. D.

Williamstown, N. J.

The Gloucester County Medical Society, one of the first District Medical Societies in the State, received a charter from the Medical Society of New Jersey in 1818. At this time there was no regular organized Medical Society in Camden County and many physicians from Camden County were members of the old Gloucester County Medical Society. This was also true of Salem County.

About twenty-eight or thirty years after the organization of the Gloucester County Medical Society, Camden County applied for a charter which was granted by the Medical Society of New Jersey and Camden District Medical Society was organized.

We celebrated our 80th anniversary with the most excellent program at Wenonah, N. J. On the program was the most excellent paper by Dr. James Tyson, of Philadelphia, on the different forms of Anaemia and its treatment. At the meeting Dr. Law, of Paulsboro, presented an entirely original paper on the action of Nitro-Glycerine on the men employed in the manufacture of this explosive, and showing some exceedingly interesting symographic traces of the effect of Nitro-Glycerine on the heart, the action of this chemical on the brain and the peculiar line of symptoms which develop, which was very graphically explained. He demonstrated that in many instances after a time it became absolutely necessary for the man to give up work in the manufacture of Nitro-Glycerine from a very bad line of constitutional symptoms which develop. At the time this paper was read I remember hearing Dr. Tyson saying this was one of the best original papers he had ever heard,

and notwithstanding the advance which has been made in therapeutics that we could all to-day learn very much of the action of Nitro-Glycerine by careful study of Dr. Law's paper.

It was the custom of the Gloucester County Medical Society for many years to meet in rotation at the homes of the members; after the business meeting they were always very delightfully entertained by a nice meal prepared in the home of the doctor. After a time, for a great many years, they met at Mullica Hill, N. J., to be very centrally located, this place being then central town of the county.

A few instances in regard to advanced ideas which we have by physicians of this county will probably be of interest to the profession. In the latter part of the sixties or early in the seventies Dr. L. F. Halsey, of Swedesboro, N. J., spoke very strongly against the public funerals of patients dying from scarlet fever and diphtheria, claiming that these were both contagious diseases and that public funerals were undoubtedly the cause of spreading the disease through the community. He also advocated that unquestionably puerperal fever was undoubtedly caused by infection and that either the physician or the nurse were not clean. While this was an idea which was held by Oliver Wendell Holmes and possibly first brought to the attention of the profession in an able article by Dr. Holmes, it was not seriously thought of by the medical profession until long after this time.

About 1880 Dr. Samuel Fisler, of Clayton, N. J., wrote a very interesting paper on the treatment of Typhoid Fever by minute doses of carbolic acid, claiming that the disease was caused by impurities taken into the system, and that the action of carbolic acid was to purify the intestinal tract, and that his statistics of the cases he had treated demonstrated that the effects of the disease were of a very much milder type when carbolic acid was given.

About this same time Dr. Ashcraft, of Mullica Hill, N. J., in a discussion of the treatment of rheumatism said he believed that rheumatism was largely due to some marked disturbances along the intestinal tract, and it had been his impression that where there had been a thorough cleansing of the bowels which was kept up that the complications were less frequent and of less severity.

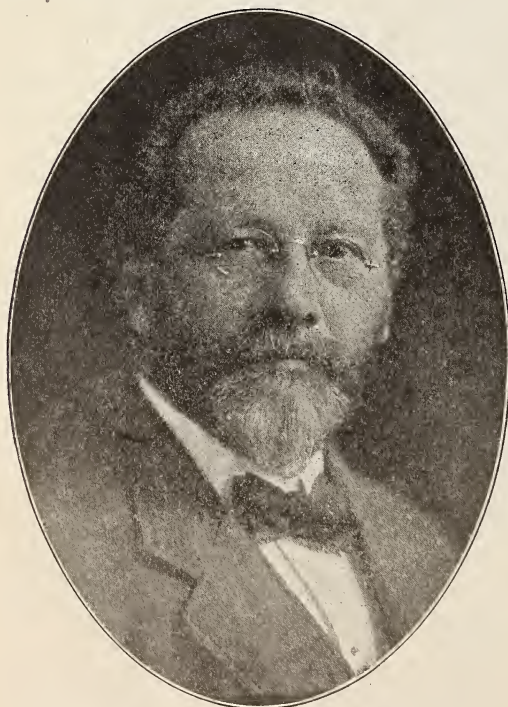
About this time it was the custom of physicians through this section of the country to do a great deal of their surgery,

and many examples of the most excellent results can be shown to-day by the general practitioner.

Dr. John Heritage, of Glassboro, operated on a young man in which operation the arm was removed at the shoulder joint with most excellent results.

As I remember in looking over the minutes of the meeting of the Gloucester County Medical Society, as I wrote the history of the Gloucester County Society at the 80th anniversary, I cannot but feel that we had, during those times, a number of very able and level-headed physicians and men whose work would compare favorably with that of any in the country. They were progressive and well posted on what was going on in the general medical work and they were a very able set of men, who, in almost all instances, had a very substantial education before commencing the study of medicine. I think at times we are inclined to look with disfavor upon the work of medical men of those days, but yet when we come to analyze them carefully we must be convinced that their judgment was excellent and their number of recoveries were as great as the number we have to-day.

I feel that they should not be forgotten and that we should remember one thing, and that is that they were men who helped very materially to blaze the way for future and greater developments.



RICHARD G. P. DIEFFENBACH, M. D.

RICHARD G. P. DIEFFENBACH, M. D.

He was born in Darnstadt, Germany, in 1851; came to New York 16 years later, studied medicine; graduated from the College of Physicians and Surgeons, 1874; settled in Newark where he continued to practice medicine until his death, December 17, 1913.

Edward Carroll, M. D.—He was in early years a resident of the Island of Jamaica; subsequently resided in New Brunswick. He was a physician, alike eminent for the Christian graces and virtues that adorned his life, and for the medical skill and science that ranked him high in his profession; he had great suavity of manner. He died in 1840, aged 73 years.

STEPHEN DISBROW, M. D.

He was born at Old Bridge, November 30, 1846; served as a soldier in the Civil War. In 1873, he began the study of medicine with Dr. J. C. Thompson, of South River; graduated from Bellevue Hospital Medical College, 1877; practiced in his native town until his death.

He was township physician for East Brunswick and Madison.

HENRY DRAKE, M. D.

He was born in New Brunswick in 1773; his father was proprietor of the Indian Queen Hotel there, situated on the route of travel between New York and Philadelphia it had many prominent guests, among them Adams, Jefferson and Burr. The elder Wallack was compelled to stay there some time when he met with an accident crossing the Raritan bridge, which fractured his leg. Henry studied medicine and practiced for some time; was a man of some skill, but not of best reputation; he gave up practice and took charge of the hotel. He died December 24, 1817. The State Society met occasionally at this hotel.

HENRY W. ELMER, M. D.

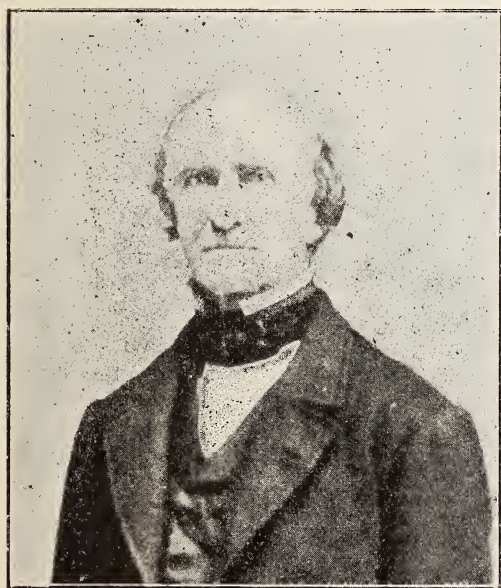
He was a son of Dr. William Elmer (1); was born April 26, 1847; graduated in the Arts at Princeton, 1866, entered the medical department of the University of Pennsylvania, graduating in 1869; was house physician in Blockley Hospital, Philadelphia, one year; became a partner with his father in Bridgeton in 1870 and soon secured a large practice. He was one of the most active members of the Cumberland County Medical Society, serving as secretary 24 years, then as its president; was



also active in the State Society, chairman of its Standing Committee six years, in 1902 elected third vice-president, in 1905 president and after that a trustee. He was a member of the State Board of Health by Governor Grigg's appointment; president of staff of Bridgeton General Hospital. He was a director of the Cumberland National Bank; the Gas Light Company and a member and trustee of the West Presbyterian Church.

#### DAVID C. ENGLISH, SR., M. D.

Was born in the old ancestral home at Englishtown, which was named after the family, on January 24, 1799. After attending lectures at the University of the State of New York, he was licensed by



DAVID C. ENGLISH, SR., M. D.

and received his diploma from the State Medical Society May 8, 1821, under the presidency of Dr. James Lee. He settled at Middletown Point near Matawan, associated with Dr. W. G. Reynolds who was president of the State Society that year; in 1836 he removed to New Brunswick and was the principal druggist there till 1864; he practiced medicine to a limited extent. He removed to Springfield, N. J., where he practiced only a few months when severe illness resulted in his death on August 7, 1865. The *Monmouth Inquirer* said: "As a physician Dr. English was judicious and candid. In the communities where he lived he was highly esteemed for his integrity,

beloved for his kindness; a loving father and a faithful friend."

Dr. English was a son of Dr. James English, Sr., who resided at Englishtown where he had an extensive and lucrative practice and who served as a surgeon in the army during the Revolutionary War. His record in Stryker's Register is "Surgeon's mate, State troops; Surgeon ditto." He had a son, Dr. James English, Jr., who succeeded to his father's practice. Dr. David C. English, editor of the State Society Journal, is a son of Dr. David C. English, Sr.

#### SAMUEL FORMAN, M. D.

Was a descendent of John Forman who came to America and settled in Monmouth County in 1685. From one branch of the family descended David, a Brig. Gen. in the Revolutionary Army; from another branch, David, Sheriff of Monmouth, during the war, who acted as one of the guides of Gen. Washington at the battle of Monmouth; his son Samuel, the subject of this brief sketch. He studied medicine with Dr. Henderson and attended lectures in Philadelphia; was licensed May, 1788, by the State Society and he then became a member of the Society. He began practice in Freehold and continued it till near the close of his life, December 11, 1845.

One son, David, studied medicine and received his medical license in 1820. Dr. Samuel R. Forman, of Jersey City, was his grandson. Dr. Howard S. Forman, of Jersey City, is his great grandson, as was also the late Dr. McLean Forman, of Freehold.

#### MELANCTHON FREEMAN, M. D.

Was born in Piscataway in 1746; practiced in Metuchen and had an excellent reputation as a physician. He was commissioned "Surgeon of State troops, Col. Forman's Battalion," June 21, 1776. He died in November, 1806.

#### ADAM HAY, M. D.

He was a resident of Woodbridge as early as 1737; practiced many years. He was a vestryman in St. Peter's Episcopal Church, Perth Amboy. His will, Adam Hay, "Doctor of Physic," of Woodbridge, is dated November 12, 1739.

#### JOHN JOHNSTONE, M. D.

He settled in Perth Amboy about the year 1707. In 1709, he was a member of the Provincial Assembly of New Jersey; removed to New York, was mayor there

1714-18; came back to New Jersey; represented Middlesex County in the General Assembly of the Province for 13 years, ten of which he was Speaker of the Assembly. He died September 7, 1732. His son Lewis, born in October, 1704, resided in Perth Amboy where he practiced; he was a physician of great reputation, much beloved. He died November 22, 1773.

REV. JONATHAN ODELL, M. D.

Dr. Odell was born at Connecticut Farms, N. J., September 25, 1737. He graduated from the College of New Jersey in 1754, was educated for the medical profession; served as a surgeon in the British Army, which he left when stationed in the West Indies, went to England and prepared for holy orders; in 1767 was appointed a missionary of the Society for the Propagation of the Gospel in Foreign Parts; returned to this country and became rector of St. Mary's Church, Burlington, which he served nine years, but he found it necessary a year after he became rector to practice medicine also for the support of himself and family. His interest in the science of medicine led him to join the State Medical Society in 1774 and he was appointed chairman of a committee to apply to the Governor of the Province for a charter of incorporation. At the close of the war he settled in New Brunswick and was often called the "Hon. and Rev. Jonathan Odell."

STEPHEN PIERSON, M. D.

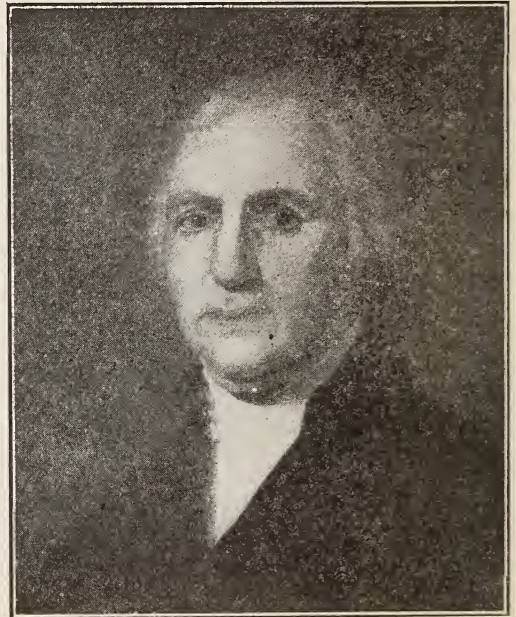
Dr. Pierson was born in Morristown in 1844; he entered Yale College in 1861; at the close of his freshman year he left college to respond to his country's call, entering for the nine months' service in 1862; was mustered out with rank of second lieutenant in 1863; re-enlisted becoming sergeant-major of the 33rd N. J. Infantry. He had served under Burnside and Hooker and later was with Sherman in the march to the sea. He became adjutant of the regiment and was brevetted captain and later major for gallant conduct on the field of battle. July 1st, 1865, he was mustered out as one of the youngest officers of the brigade.

At the close of the war he entered Yale again and graduating he entered the College of Physicians and Surgeons, New York, graduating in 1869; was house physician of Bellevue Hospital one year, and then began practice in Boonton, but in 1873 returned to Morristown, where he soon built up a large and lucrative practice. He

was the founder of the Morristown Medical Society; a member of the Morris County and the State Medical societies, the N. Y. Academy of Medicine and other medical organizations; was medical director of All Souls' Hospital; was connected with two military and also two Masonic organizations; was for many years a member of the local Board of Education and for some years was its president; was vice-president of the Washington Association of New Jersey; was at one time director of the County Board of Freeholders. He was a trustee and an elder of the First Presbyterian Church of Morristown. He died in that city August 10, 1911.

MOSES SCOTT, M. D.

Dr. Scott was born in Pennsylvania in 1738. At the age of 17 he accompanied



MOSES SCOTT, M. D.

the unfortunate expedition under Braddock; after the capture of Fort du Quesne a few years afterwards, he had risen to a commissioned officer; soon after he resigned from the army and studied medicine. About 1774 he removed to New Brunswick where he acquired distinction as a physician. February 14, 1776, he was appointed surgeon, 25th Regiment, Middlesex, and subsequently surgeon in General Hospital, Continental Army. He procured from Europe a supply of medicines and surgical instruments, but much of it fell into the enemy's hands as they invaded New Brunswick, just as he was sitting down to din-



ner and he barely escaped capture, the enemy enjoyed his dinner but on being told he had poisoned the medicines the supply was emptied into the street. In 1777 Dr. Scott was commissioned Senior Physician and Surgeon of the hospitals and Assistant Director General in which positions he won universal encomiums. He was at the battles of Trenton, Princeton, Brandywine and Germantown, he was near General Mercer when he fell at Princeton. After the war he resumed practice at New Brunswick and continued it till his death. He became a member of the State Medical Society in 1782, was its president in 1789. In 1814 he was made a Fellow of the College of Physicians and Surgeons, New York City. He was a ruling elder of the Presbyterian Church from 1790 until his death; was a trustee of that church from 1785 till death and the treasurer of the church for many years. He died December 28, 1821. His tombstone contains these words: "The early and intrepid supporter of American Independence, the Patriot Soldier; Physician beloved, faithful and industrious, he was long and successfully engaged in the bestowal of benevolence, just, generous hospitable and pious; he was the faithful servant of The Most High."

#### HENRY M. STONE, M. D.

Was born in Hartford, Conn., in 1825; attended lectures at the College of Physicians and Surgeons, New York, and graduated therefrom in 1850; settled soon after in Perth Amboy and practiced there until his last illness; he died March 3, 1866. He was a zealous advocate of the honor of the profession.

#### JOHN C. THOMPSON, M. D.

He was born in Englishtown, September 27, 1828; studied medicine and graduated from the College of Physicians and Surgeons, New York City, in 1856; began practice at South River; he secured an extensive practice extending over a wide territory and obtained high rank in his section of the county. It has been said that he rarely ever left South River to make his visits in neighboring towns and villages without a bottle of chloroform in his pocket.

#### JOSEPH TOMLINSON, M. D.

Dr. Tomlinson was born at Roadstown, N. J., in 1855, was son of Dr. George Tomlinson. He graduated from Williams College in 1875 and from the College of

Physicians and Surgeons, New York City, in 1878; was interne at the Charity Hospital, New York, until 1881, when he began practice in Plainfield, N. J., with his



JOSEPH TOMLINSON, M. D.

brother, Dr. T. H. Tomlinson; in 1887, he practiced at Shiloh, N. J., for a few years, then removed to Bridgeton, where he continued to practice until his death in 1913. He had a very extensive practice. He was a member of the city Board of Health and Board of Education. He was a modest, courteous and painstaking, able practitioner, universally esteemed. He took an active interest in his county and State medical societies and in the N. J. Sanitary Association.

#### JOHN GALEN WALL, M. D.

Was born December 17, 1759; resided in Perth Amboy and later in Woodbridge, he practiced in the two places 13 years. He married the daughter of Dr. Moses Bloomfield to whose practice he succeeded. He was admitted to the State Society in 1783. He died January 14, 1798.

#### CHARLES H. VOORHEES, M. D.

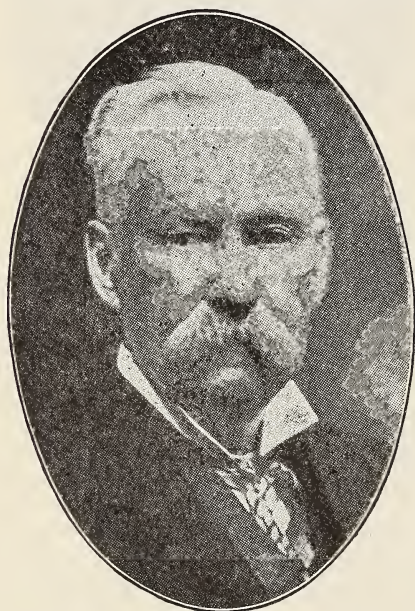
Dr. Voorhees' ancestors came from Holland to America in 1670. He graduated from Rutgers College Grammar School and studied medicine, graduating from Jefferson Medical College in 1850; practiced in New Brunswick; was president of the County Medical Society in 1870; was frequently a delegate to the State Society and



served on important committees; once a delegate to the American Medical Association; was a member of the local Board of Health; county physician for sixteen years; served as surgeon in the Union army 1862-65; was a member of the staff of Wells Memorial Hospital. Died.

AMBROSE TREGANOWAN, M. D.

Dr. Treganowan was born in England February 14, 1830; he came to New York in 1853; graduated from the Philadelphia College of Medicine in 1857; practiced in Beverly till 1860, when he moved to South Amboy, where he soon acquired a large practice which extended over a wide territory. He was three times elected Mayor of



AMBROSE TREGANOWAN, M. D.

South Amboy. It is said that at the time of his death there remained on his books uncollected about \$100,000 due from patients he had during his fifty years of practice attended. He died March 10, 1913. He left his medical library to the Middlesex County Medical Society.

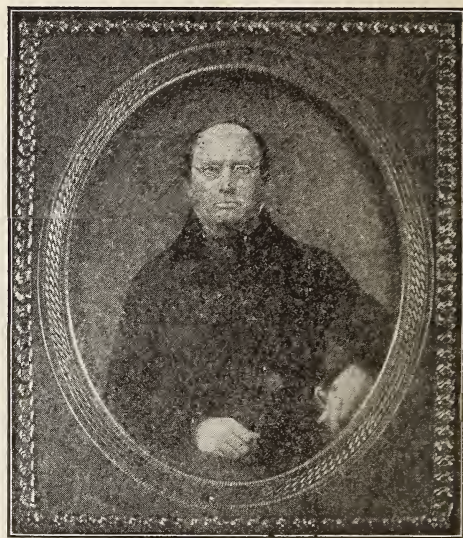
JEREMIAH SMITH ENGLISH, M. D.

Dr. English was born in Englishtown, N. J., November, 21, 1798; after completing his academic course he studied medicine and graduated from the medical department of the University of Pennsylvania in 1825. He commenced practice with Dr. Reynolds at Morristown; afterwards practiced at Amwell, then at Cranbury, and after that at Manalapon with Dr. Gilbert Woodhall. His manner was dignified but affable; he

was a careful and able practitioner; his mental qualifications were of a high order; literary in his tastes; of retentive memory with a mind stored with useful knowledge; his language was always choice and often elegant. He served the Medical Society of New Jersey thirty-three years as its treasurer, and in 1867 was elected as an honorary member. He died October 9, 1879.

GEORGE F. FORT, M. D.

Dr. Fort was born in Burlington County in 1809 and practiced medicine in Burlington and Monmouth counties many years. In 1844 he was elected a member of the Constitutional Convention; the same year



GEORGE F. FORT, M. D.

was elected to the State Assembly, and in 1845 he was elected State Senator for three years. In November, 1850, he was elected Governor of New Jersey. He was afterwards appointed a judge of the Court of Errors and Appeals. He never entirely abandoned the practice of medicine. He died at New Egypt, April 22, 1872.

A number of other historical sketches will appear next month in the reports of the County Societies' Centennial celebrations, also a few others which lack of space has compelled us to defer insertion of.

It is better to say, "This one thing I do," than to say, "These forty things I dabbled in."  
—Washington Gladden.

The love of glory can only create a great hero; the contempt of it creates a great man.  
—Tallyrand.



# THE JOURNAL

OF THE

## Medical Society of New Jersey

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JULY, 1916

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,  
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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AUGUST A. STRASSER, M. D., Arlington, N. J.

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We offer no apology for the insertion of the words of one of our former greatest statesmen. We need to hear and heed them in these days of war and divided allegiance:

DANIEL WEBSTER, IN 1850.

"I shall know but one country. The ends I aim at shall be my country's, my God's, and Truth's."

"I was born in America; I live an American; I shall die an American; and I intend to perform the duties incumbent upon me in that character to the end of my career."

"I mean to do this with absolute disregard of personal consequences. What are personal consequences? What is the individual man, with all the good or evil which may befall him, in comparison with the good or evil which may befall a great country in a crisis and in the midst of great transactions which concern that country's fate? Let the consequences be what they will, I am careless."

"No man can suffer too much, and no man can fall too soon, if he suffer or if he fall in defense of the liberties and constitution of his country."

Will authors of papers and centennial addresses please send typewritten copies of the same at the *earliest possible time*.

### OUR THANKS.

As our correspondence is so very extensive, we express our thanks in the Journal, rather than by personal letters as we would prefer, to the many for their kind expressions of commendation of our June Journal. We also thank the editors of newspapers for their compliments, for example, the Camden Daily Courier of June 28th contained the following editorial:

The Journal of the Medical Society of New Jersey for June is a very interesting number not only to the members of the profession but the public generally, especially in view of 150th anniversary meeting of the Society at Asbury Park, June 20-22. Among its contents are interesting reminiscences of some of the older physicians of the State, embellished with portraits of many of them, whose histories relate the tough experiences of "the doctor" in the times before railways and the telegraph. What the profession has done toward the establishment of the State hospitals and other institutions for the welfare of suffering humanity is clearly set forth in appropriate chapters with illustrations. Altogether the June number of the Journal is a credit to the editor and publication committee.

We are glad if others are pleased with the June Journal; it would have been made more satisfactory to us could we have had our time and strength free from the tremendous strain of last month.

### OUR SESQUI-CENTENNIAL.

The celebration of the One Hundred and Fiftieth Anniversary of the Medical Society of New Jersey has passed and the universal expression has been that it was not only the largest but also the best annual meeting we have ever held. It is very gratifying to have heard the unanimous opinions of those who would be regarded as the most competent to express correct judgment on the arrangements for and the success of this meeting—the presidents of and the delegates from our sister State societies. It was our Society's great pleasure to welcome them with open arms and hearts; we deeply appreciated and shall continue to hold in grateful remembrance the long distances that some of them traveled—even from the far-away States of Washington, South Carolina and Massachusetts—and the sacrifices that those from New York, Delaware and the District of Columbia made, to show their interest in us and our work, recognizing us as the mother society and bringing their warm-hearted and eloquent filial greetings. They have thereby drawn closer and more enduring the bonds that bind us in fellowship and co-

operation in the noblest of callings. They left us with heartiest words of appreciation and commendation not only of our meeting, but also of our work and our methods and they carried away to their own organizations our equally hearty good wishes for the greatest prosperity of their societies and their highest possible progress and success in the great work of prolonging human life and mitigating human suffering.

These same words of appreciation and good wishes may be said of the thirty-three eminent Philadelphia physicians who came by special car from that city Wednesday morning. We were pleased to receive the hearty greetings and words of encouragement from several of them.

The business of the House of Delegates was transacted with proper despatch and with the utmost harmony.

The scientific program embraced a very limited number of papers, designedly, as this annual meeting was to be especially a season of social enjoyment worthy the celebration of 150 years of fellowship, cordial co-operation and remarkable achievements. The president and third vice-president's addresses, the Orations in Medicine and Surgery by Prof. M. H. Fischer and Prof. J. G. Clark, were masterful; the papers by our own Drs. Edward J. Ill and T. N. Gray were highly creditable to New Jersey's contribution to the scientific part of our program. The only regret we express is that so many of our delegates and guests felt compelled to return home Thursday morning that our county societies' day with its five State centennial societies celebration had far too few in attendance, but the exercises were of thrilling interest, in the rehearsal of the great men and the great work of these societies during the past one hundred years.

Of the social features of this anniversary we could hardly speak in words of adequate commendation. To Mayor Hettrick and his fellow commissioners, to the various organizations which assisted our able Local Committee of Arrangements in this, as well as in their other plans to secure for us an enjoyable and successful meeting, we owe a debt of gratitude.

To Dr. Bruce S. Keator, who had charge of the local committee's social part of their program, we are indebted for a large part of our enjoyment of the social functions. The musicale provided in the New Monterey on Wednesday evening, so admirably planned by Mrs. Keator, was an exceedingly enjoyable event.

The banquet on Wednesday evening exceeded our expectations in numbers and brilliancy, all enjoyed—and none more so than our guests from other States—the presence of the ladies. Letters of deep regret were read by the chairman of the Committee of Arrangements from President Woodrow Wilson, Governor J. F. Fielder, the Surgeon Generals of the Army and Navy and Public Health Service, General Leonard Wood, M. D., the presidents of the Isthmian Canal Zone Medical Society and the Canadian Medical Society. He also referred to the letters received from the presidents of the State societies who were unable to attend but sent their hearty congratulations. He then called attention to the fact that during all the Society's history, it had received the services of several of its officers for a long number of years each, and after a few words, handed to President Chandler, who acted as toastmaster, a large silver loving cup for presentation to Dr. Archibald Mercer, who completed this year 25 years of service as the Society's treasurer. Dr. Chandler in a few words presented it and Dr. Mercer very happily responded. The addresses of the post-prandial speakers were of unusual excellence, as follows: Rev. Dr. C. A. Eaton representing the clerical profession; Hon. Robert H. McCarter, representing the legal profession; Prof. Hobart A. Hare, representing the medical profession, and Rev. Dr. John H. Raven, representing the educational institutions.

Dancing followed in the handsome ballroom of the Hotel Monterey till an early hour in the morning.

The words that express the outcome of the planning and the execution of the entire program of the 150th Anniversary celebration are—*well done and highly successful*.

We have thus made a hastily prepared review of our anniversary meeting, and we, in the name of the Society and of the committees of arrangements, general and local, express thanks to all who contributed to the success of the occasion; while we express our deep regret that many of our members and also of our invited guests too were unable to attend, and especially that we did not have a representative of the American Medical Association present with us.

The full account of the Proceedings of this 150th Anniversary meeting will be published in the September issue of the Journal.



## AMERICAN MEDICAL ASSOCIATION.

## THE DETROIT MEETING.

The Detroit session of the American Medical Association was most successful, both in attendance and in scientific work. The attendance—4,586—marks the third largest meeting; the largest—6,466—being the Chicago meeting in 1908, and the second—4,722—the Boston meeting, held in 1906. Although the attendance was large, every one was provided with comfortable quarters because the local profession, influenced no doubt by the prevailing spirit of "preparedness," had made ample arrangements for those who could not be accommodated in the leading hotels. All the sections report unusually good attendance, excellent papers, and instructive and practical discussions. Detroit was generous in supplying automobiles for the transportation of physicians in attendance: most of the automobile manufacturers supplied cars and the local profession as well as the citizens of Detroit gave the use of their cars freely. In spite of the fact that the meeting places were scattered, physicians had no difficulty in going from one meeting to another. The local Committee on Arrangements is to be congratulated on its management: every detail had been considered and nothing was lacking to make things run smoothly. The entertainments were lavish, and the social functions most delightful. In a word, the meeting was a success in every way. The medical profession of Detroit and of Michigan is to be commended not only for its generous hospitality but for the constant courtesy accorded to those who attended the meeting. In these efforts the medical profession was heartily supported by the people of Detroit.—A. M. A. Journal.

New Jersey was not very largely represented in the A. M. A. annual meeting this year, but we did not expect it would be on account of the deep interest taken in our 150th anniversary which met on the week following the A. M. A. meeting. It was a matter of very deep regret that the A. M. A. was not represented by any of its officers at our Society's meeting; we had hoped it would be, especially on account of the fact that ours is the oldest State—or rather Provincial and later State—Society on this continent.

The delegates representing our State Society in the House of Delegates were Drs.

Wm. S. Lalor, Emery Marvel and Edward Guion.

New Jersey had, however, 24 registered at the Detroit meeting, several of whom took part in the presentation and discussion of papers. We note the following:

Dr. Wells P. Eagleton, Newark, presented a paper, in the Section on Ophthalmology, on "The Importance of Aural Symptoms in the Early Diagnosis of Pontine Cerebellar Angle Growth," with lantern demonstration and closed the discussion thereon.

Dr. Daniel E. Drake, New Foundland, N. J., read a paper on "A New Development of Sanatorium Treatment," in the Section on Pharmacology and Therapeutics.

Dr. Emery Marvel, Atlantic City, discussed Dr. J. S. Davis's paper on "Plastic and Reconstructive Surgery," in the Section on Surgery; also Dr. C. A. L. Reed's paper on "Anterior Parietal Implantation of the Colon for Ptosis," in the Section on Obstetrics, Gynecology, etc.

Dr. Fred H. Albee, Colonia and New York, discussed the three papers on Fractures by Drs. MacAusland, Gerster and Mann, in the Section on Surgery; also Drs. Allison and Hann's paper on "The Operative Treatment of Tuberculosis of the Spine," in the Section on Orthopedic Surgery; also, in the same Section, Drs. Hawley and Peckham's papers on Fractures.

Dr. Frederick Frisch, Atlantic City, discussed Dr. H. Gifford's paper on "Homatropin Glaucoma; Its Occurrence and Prevention," in the Section on Ophthalmology.

Dr. David F. Weeks, Skillman, discussed the paper of Dr. F. X. Dercum on "Epilepsy, with Special Reference to Treatment," in the Section on Nervous and Mental Diseases.

Dr. John F. Anderson, New Brunswick, in the Section on Pharmacology and Therapeutics, presented a resolution recommending that the House of Delegates request the Secretary of the Treasury to authorize the U. S. Public Health Service to prepare and distribute for use in the bio-assay of cannabis, aconite, digitalis, strophanthus, squill, suprarenal gland and hypophysis the standards as recommended in the U. S. A. IX.

This was reported to the House of Delegates and approved. Dr. Anderson was elected a member of the Executive Committee of the Section.

We gather the following items from the reports of the meeting in the A. M. A. Journal: Dr. William S. Lalor was a member of the Medical Education Reference

Committee. Dr. Philip Marvel is a member of the Board of Trustees. New Jersey is one of the eight States in which societies are organized in every county. Eight counties in our State have committees on Red Cross Medical Work. Number of Fellows of the A. M. A. in New Jersey, 957; number of subscribers to the Journal, 417; total who receive the Journal, 1,413; total number of physicians in N. J., 3,239, or 43 per cent. receive the Journal.

Dr. Emery Marvel made a strong plea for Atlantic City as the place of meeting for 1917, but New York City was finally chosen.

The following officers were elected for the ensuing year:

President—Charles H. Mayo, Rochester, Minn.

First Vice-President—L. F. Barker, Baltimore.

Second Vice-President—John Leeming, Chicago.

Third Vice-President—J. Henry Carstens, Detroit.

Fourth Vice-President—George F. Keiper, Lafayette, Ind.

Secretary—Alexander R. Craig, Chicago.

Treasurer—William Allen Pusey, Chicago.

Chairman of the House of Delegates—Hubert Work, Pueblo, Colo.

Vice-Chairman of the House of Delegates—Dwight H. Murray, Syracuse, N. Y.

Members of the Board of Trustees—A. R. Mitchell, Lincoln, Neb.; Oscar Dowling, Shreveport, La.; E. J. McKnight, Hartford, Conn.

Judicial Council—J. A. Black, Pueblo, Colo.

#### PATENT MEDICINES—QUACKERY.

We take the following from the July 1st issue of the A. M. A. Journal, headed "Technically Guilty—Morally Justified":

"A little after 10 P. M. Thursday, June 22, and after being out nearly a week, the jury in the Wine of Cardui case brought in a verdict for the plaintiff and assessed the damages at 1 cent. The Chattanooga Medicine Company charged the American Medical Association with having libeled it when The Journal declared, among other things, that the business had been built on deceit, and that Wine of Cardui was a vicious fraud. For this alleged libel it asked that it be given \$100,000; it was given \$0.01. As most of our readers remember, two suits were originally brought against the Association and the Editor of The Journal. One

was a personal suit for \$200,000, brought by John A. Patten, formerly chief owner of the Chattanooga Medicine Company; the other was a partnership suit for \$100,000 brought by John A. Patten and his brother, Z. C. Patten, Jr., doing business as the Chattanooga Medicine Company. The suits were based on two articles that appeared in The Journal, April 11, 1914, and July 18, 1914, respectively. The cases came to trial March 21, 1916. On April 26, in the middle of the trial, John A. Patten died, and the personal suit was automatically abated. The partnership suit, however, was continued and this case went to the jury Friday, June 16. The case is by far the most important of its kind that has ever been tried. In addition to 498 depositions which the "patent medicine" concern took through the South from women and from doctors of a certain type, the company also put 97 witnesses on the stand to testify in its behalf. The American Medical Association took only 8 depositions but did put on the stand 93 witnesses, among whom were some of the best known physicians in the country. The trial and the facts that led up to it could furnish texts for many interesting comments. The spectacle of a scientific organization, in its attempt to safeguard the public health, having to assume responsibilities that rightly belong to State or Federal agencies, is but one of several anomalies that characterize this case. Viewing all the facts in the case and remembering the heavy damages asked by the plaintiff the medical profession may interpret the verdict thus: Technically guilty; morally justified! To the Association a moral triumph; to the "patent medicine" interests a Pyrrhic victory."

To any one who has read the testimony given in the above suit, as presented so fully in the A. M. A. Journal, the verdict seems amazing—even if it was for only *one cent* damages.

The outcome, however, *ought to*, and we hope *will* arouse the profession to prompt, decisive and unanimous action against the nostrums and other frauds which are causing such fearful damage and destruction to the health and lives of hundreds of thousands of our citizens. The conscienceless greed for gain which is bringing enormous profits to the constantly increasing exploiters of alcoholic and generally objectionable—often worthless—proprietary preparations and fraudulent nostrums, enables them to form combinations which are powerful and sometimes very corrupt.



We should as a profession unite our forces, not for the protection of the medical profession—we do not need it, and our wonderful altruistic record shows we have not sought it—but for the protection of the public in the conservation of health and the saving of human lives. For that one great purpose we believe we should have a bureau with the A. M. A. at its head, with a branch in every State Society, and through the State Society's oversight and guidance a branch in every County Society, all co-operating to educate the public and save our citizens from the human vultures and frauds that are growing enormously rich by deceiving and robbing the people of what is of infinitely more value than silver and gold.

#### FRANK D. GRAY, M. D.

It is with profoundest sorrow we record the death of Dr. Gray. He was one of our ablest, most active and efficient and most highly esteemed members. He presided with ability at our last year's annual meeting. He had since then been maturing plans for our Society's and the profession's greater prosperity and usefulness, which he expected to present at our anniversary meeting this year. No member's loss has been or will be more keenly felt than that of Dr. Frank D. Gray.

#### COUNTY SOCIETIES' CENTEN- NIALS.

We had expected to give in this month's issue of the Journal full accounts of the centennial celebrations of the five counties—Somerset, Morris, Essex, Middlesex and Monmouth, but so much of the matter came too late, we are compelled to postpone all but Somerset until next month's issue, when we will combine the celebrations in the counties and at the 150th anniversary meeting of the State Society. We believe this will save much repetition.

#### INFANTILE PARALYSIS EPIDEMIC.

The severe epidemic of infantile paralysis which is now prevailing in New York and Brooklyn calls for great vigilance on the part of boards of health and the physicians generally of our State. Dr. Emerson, Health Officer of New York City, reports its prevalence much greater than in the epidemic of 1907 and its mortality about four times greater—or about 20 per cent.

## Therapeutic Notes.

### Bed Sores.

Dr. A. Robin recommends the use of the following ointment after the parts have been washed with Labarraque's solution:

Precipitated sulphur.

Camphor.

Pure glycerin, aa 30 grams.

—Journal de Medecine et de Chirurgie.

**Chronic Cystitis.**—Dr. Sinha says that san-tonin acts very promptly in chronic catarrh of the bladder, when given in  $\frac{1}{2}$ -grain doses three times a day. The sensitiveness and feeling of fullness in the bladder disappear and a cure is generally effected in a very short time.—Indian Medical Record.

### Neuralgia, Rheumatism, Etc.

Tr. iodi, f3j.

Gum camphor, 3j.

Chloroform q. s. ad., f3v.

M. Sig.: Apply as directed.

—C. Ziemann, M. D.

### Diagnosis and Treatment of Pneumonia.

Prof. Hobart A. Hare, closes a paper in the Therapeutic Gazette, March 15, on the above subject as follows:

The problems in a given case are as follows:

1. Has the patient croupous pneumonia?
2. If so, what is his general state?
3. Are the heart, kidneys, and vessels primarily diseased?
4. Does he need any other treatment than rest in bed and good nursing?
5. If so, what does he, that individual, need?
6. Does he need stimulation, sedation, elimination?

7. If he needs stimulation does he require it right along, or only at the moment? When we eat we don't eat all the time for days, but only when we need food.

8. As to all drugs follow Cromwell's motto, "Trust in God, but keep your powder dry." Don't shoot all the time, but follow Warren's advice at Bunker Hill, "Hold your fire until it will be surely effective," and then use the remedies needed fearlessly, and all the more advantageously because they have not been used before.

### Quinsy.

Clense the nose and mouth with a preparation of powdered borax, 68 grains; essence of peppermint, 20 minims; warm water, one pint, applied with absorbent cotton to the vestibule of the nose morning and evening. Apply daily resorcin, chemically pure, and distilled water, of each by weight, 2 drams, in the same manner to the affected parts. Care must be taken that no excess of this solution touches neighboring parts. Follow with guaiacol, 2 ounces; oil of peppermint and olive oil, of each one ounce. Apply either with cotton swab or camel's-hair brush to throat and inflamed gums twice daily. This last prescription stops pain. Suprarenal extract may be used instead of the guaiacol. The tincture of chloride of iron in glycerin and water, of each three ounces,

should be given internally. If constipation exists, treatment with solution of citrate of magnesia should be carried out. When the abscess forms, open it promptly and treat with care to avoid adhesions. — Faulkner, "Tonsils and Adenoids."

—s

**Rice Water.**—To make rice water, which is serviceable in diarrhea and vomiting, especially of children and also as a drink in febrile diseases, boil one ounce of washed rice in a quart of water for an hour, strain through muslin, and flavor with honey and lemon juice.

**Scoliosis.**—Backache is the most important symptom complained of, and every case of backache should be examined with the object of finding not an already developed deformity so great that a layman could detect it, but a developing deformity, with a recognition of the slightest deviation from the normal.—Charles Ogilvie in the N. Y. Medical Journal.

#### **Typhoid Fever—Intestinal Hemorrhage In.**

Dr. A. Robin details this treatment as follows: Absolute rest; the application of ice to the abdomen; the avoidance of stimulation, and the alternate administration every hour or ergotin in conjunction with gallic acid, and calcium chloride, according to the following formula:

Ergotin, 4 grams.  
Gallic acid, 0.5 grams.  
Syrup of turpentine (Fr. Phar.), 30 grams.  
Distilled water, 120 grams.

Calcium chloride, 4 grams.  
Syrup of opium (Fr. Phar.), 30 grams.  
Distilled water, 120 grams.

The above are given alternately every hour in tablespoonful doses.—Journal de Medecine et de Chirurgie.

## **Hopitals; Sanatoria.**

The Municipal Hospital, Camden, has received an appropriation of \$8,000 by the city council for furnishing and equipment.

#### **Bayonne Hospital.**

Dr. George H. Sexsmith was re-elected a director of the hospital for three years on June 8th. Plans were made for the campaign to raise \$75,000 for an enlargement of the hospital by adding an east wing to be an exact counterpart of the west wing.

#### **Mercer Hospital, Trenton.**

This hospital has recently won in the will contest in which some time ago was left the hospital a large bequest, the United States Supreme Court having sustained the provisions of the will. The hospital will thereby receive about \$130,000.

#### **Muhlenberg Hospital Training School.**

The annual graduation of this school at Plainfield occurred on the evening of May 25, when six nurses received their diplomas. Rev. Allyn Foster of Brooklyn, N. Y., made the address to the graduates.

#### **Incorporation of a Hospital at Rahway.**

For the purpose of conducting a hospital for the treatment of physical and mental ills, physicians in Rahway, Woodbridge and vicinity filed papers of incorporation in the county clerk's office June 22. The capital is \$25,000, divided into 2,500 shares of a par value of \$10 each. The hospital is to be located at Rahway. The incorporators are Drs. George L. Orton, Frederick W. Sell, Franklin C. Woodruff, George E. Gallaway, Walter E. Cladek, John S. Young, John M. Randolph, all of Rahway; Drs. Bonnette W. Hoagland and Ira T. Spencer, Woodridge; Drs. Joseph Wantoch, John J. Reason, Samuel Messinger and Joseph Mark, Roosevelt; Dr. Frederick H. Albee, Colonia.

#### **The American Ambulance in Paris.**

The annual report of the committee in charge of the operation of the American Ambulance in Paris and its branches has recently been made public. The report covers the first year of its activities with a supplement covering the period up to February 1, 1916. At present, it is stated, the committee is maintaining hospitals with a capacity of more than 1,500 beds, while its motor ambulances had, up to February 1, transported from the battle front to the hospitals more than 105,000 men. As a result of the fighting around Verdun since that date the total has been increased, it is estimated, to over 125,000. Beginning soon after the outbreak of the war with accommodations for 200 men in the American Ambulance outside of Paris, the service has grown until there are now accommodations for over 600 in the main hospital and in nearby hospitals available beds for 600 to 800 patients who are visited daily by the American surgeons. The hospital has the use of 165 motor ambulances in the field and in Paris, and a new section of 25 is soon to be added. All the drivers are chauffeurs, and most of them are American college men. They are often under fire, and 31 have received the "croix de guerre" for gallant conduct. The expenses of the American Ambulance amount to about \$500,000 yearly, all of which is met by contributions from America. The work of the medical staff is entirely volunteer, and the hospital has been served by some of the most eminent American surgeons.

#### **Bonnie Burn Sanatorium.**

John E. Runnells, M. D., Superintendent.

On April 1st there were present in the sanatorium 100 patients; 67 men and 33 women. During the month 23 patients have been admitted, 12 males and 11 females.

The following table shows condition on admission:

	Males	Females	Total
Incipient .....	1	0	1
Moderately Advanced ....	0	2	2
Far Advanced .....	8	5	13
Pre-tubercular .....	3	4	7
Total .....	12	11	23

The largest number of patients present during the month was 113; smallest number, 99; patients present on April 30th, 74 men and 36 women. Daily average enrolment, 106.3.



### Hudson County Tuberculosis Hospital and Sanatorium.

Dr. B. S. Pollak, medical director, reported: There were 167 patients remaining from last month—118 males and 49 females; there were admitted during March 25 males and 11 females, making a total of 203. There were discharged: Apparently cured, 0; apparently arrested, 0; arrested, 0; quiescent, 0; improved, 14; unimproved, 5; died, 14.

There are remaining at the end of the month 170, of which 3 are incipient cases; 6, advanced; 158 far advanced cases, and 3 obstetric. There are 48 employees. The direct maintenance cost per capita was \$1.09. The administration cost was \$1.73 per capita.

The clinic expenses for March were \$2,088.08, of which \$1,674.96 were for salaries at Jersey City, Hoboken, Bayonne, North Hudson and West Hudson.

### Marriage.

SULLIVAN-JONES.—At Woodbridge, N. J., June 28, 1916. Dr. Charles J. Sullivan, of New Brunswick, N. J., to Miss Amabel Jones, of Woodbridge.

### Deaths.

GRAY.—At Jersey City, N. J., in Christ Hospital, June 11, 1916. Dr. Frank Delos Gray, aged 59 years.

\*Further notice of Dr. Gray will appear in next month's Journal.

HUGHES.—In New York City, June 14, 1916, Dr. Henry Hughes, of Long Branch, N. J., aged 68 years. Dr. Hughes graduated from the College of Physicians and Surgeons, New York City in 1873.

LONG.—At New Brunswick, N. J., June 11, 1916, Dr. Samuel Long, aged 65 years. Dr. Long graduated from the Hahnemann Medical College and Hospital, Philadelphia, in 1873. He was a member of the New Jersey State Homeopathic Medical Society; he practiced in New Brunswick most of the time since his graduation.

YARD.—At Trenton, N. J., June 23, 1916. Dr. Pierson W. Yard, aged 52 years.

Dr. Yard was born in Trenton in 1864; graduated from the University of the City of New York in 1864; settled in the Chambersburg section of the city soon after, where he continued to practice until a few weeks before his death.

### Personal Notes.

Dr. Augustus L. L. Baker, Dover, underwent treatment last month in the Post-Graduate Hospital, New York City.

Dr. Samuel A. Cosgrove, Jersey City, and Dr. Elias M. Duffield, Glassboro, were recently commissioned first lieutenants of the medical corps in the mobilization of troops at Sea Girt for the Mexican conflict.

Drs. Francis H. Glazebrook and Samuel C. Haven, Morristown, have resigned, after several years of service, from the local Board of Health.

Dr. Edwin S. Hawke, Trenton, and family, are occupying the cottage of Mrs. F. C. Van Dyke at Lawrenceville for the summer months.

Dr. Henry A. Henriques, Morristown, last month enjoyed a trip to Canada.

Dr. George J. Holmes, Newark, and family will occupy for the summer Mrs. Bliss's house, 29 Valley View avenue, Summit, N. J.

Dr. Frank J. Keller, Paterson, was recently elected Medical Examiner-in-Chief of the Catholic Benevolent Legion. He succeeds Dr. G. R. Kuhn of Brooklyn, founder of the Legion and who occupied the examinership since.

Dr. L. H. Miller, Woodstown, and family motored last month to the Water Gap, Pocono, Harrisburg and Gettysburg, the trip occupying about ten days.

Dr. Fred W. Owen, Morristown, and daughters have gone to the Pacific Coast; Miss Adeline will sail from there July 7 for India to resume her missionary work there.

Dr. Harry Vaughan, Morristown, has been nominated as the Prohibition party's candidate for Governor of New Jersey. (When he is elected there is no doubt that the medical profession's power and influence, especially in legislation for the benefit of the State and the citizens, will be greatly increased.—Editor).

Dr. R. J. Faulkingham, New Brunswick, has bought Dr. B. G. Illes' house, 155 Bayard street, where his office will hereafter be.

Dr. B. G. Illes, New Brunswick, and wife are in Maine. They will remove to the West in the fall.

Dr. H. Morton Pierson, Roselle, and wife have returned home from their vacation, which they spent at Milton, Vt.

The Morristown Daily Record, under its "Do You Know" column, has the following:

That Dr. Douglas used to run a drug store in a frame building next door to Day's?

That Dr. Mayor Mills began the practice of medicine at German Valley and there are people yet alive in that village upon whom he practiced?

That Dr. Vaughan, politically and religiously, is a firm believer in water?

### Public Health Items.

The careless spitter is a public danger.

Moderation in all things prolongs life.

The air-tight dwelling leads but to the grave.

Walking is the best exercise—and the cheapest.

Unpasteurized milk frequently spreads disease.

A little cough is frequently the warning signal of tuberculosis.

Bad teeth and bad tonsils may be the cause of rheumatism.

The United States public health service administers typhoid vaccine gratis to federal employees.—United States Public Health Service.

#### Smallpox Cases in Camden.

Dr. John F. Leavitt, Health Inspector, has recently discharged two victims cured of smallpox who came from New Orleans on a steamer and have been under treatment in the Municipal Hospital. There has not been a local case of smallpox in Camden in sixteen years. What few have floated into town have come from distant cities, especially Maryland, Delaware and Louisiana.

**Inspection of Restaurants.**—During the first week of the inspection of restaurants, cafes, etc., now being conducted by the New York City Department of Health, 300 eating places in the city were visited, of these only one was rated "good," and only ten "fair" on first inspection.

**To Investigate Yellow Fever.**—The Yellow Fever Commission instituted by the International Health Board of the Rockefeller Foundation sailed from New York on June 14. The commission, of which Gen. William C. Gorgas, U. S. A., is chairman, will visit a number of ports in South America where the fever is still prevalent. General Gorgas has been given four months' leave of absence for the purpose of directing the investigation.

**Defective Vision in School Children.**—More than 83,000 children in the rural schools of Pennsylvania were discovered to have defective eyesight during the medical inspection made in the school year of 1914 and 1915 under the direction of Commissioner of Health Samuel G. Dixon. Of this number 1,184 had defects of the right eye, 1,750 had defects of the left eye, and 53,814 had defects of both eyes.—News Letter, The National Committee for the Prevention of Blindness, April 1, 1916.

#### Health for School Children.

Certain prime essentials to the good health of school children include the following:

Eight to nine hours' sleep every night, in a cool, well ventilated room, with the window open at the top and the bedroom door closed.

Arising in the morning in time for a thorough cleansing of the whole body, and a comfortable breakfast, which should include fruit, a well-cooked cereal and milk.

Attention to the bowels before leaving for school. The value of regular habits in this regard cannot be overestimated.

A digestible and nourishing lunch. Money given to children for this purpose is usually spent in pies, cakes and candies. In some communities a single hot dish has been provided for the children through co-operation between the School Board and the parents. The effect upon the children has been excellent.

Regulation of the hours for out-door exercise as well as those spent in study.

Keeping at home until they are well, children showing the slightest signs of acute illness, for their own sake and that of other children.

Parents should co-operate with, and find out the needs of the teacher. Many things can

and will be done to improve conditions within and without the small school, if the parents of the neighborhood will interest themselves in the subject.—School Health News, Department of Health, New York City.

**The Reporting of Venereal Diseases.**—A recent bulletin of the health department of New York City reviews the situation with reference to the reporting of venereal diseases, and states that there has been a perceptible falling off in the number of cases reported during 1915. It is believed that this is largely due to a falling off in the number of cases reported by hospitals and institutions. Whereas during 1914 a total of 14,484 were reported from this source, during the year 1915 the figure dropped to 10,065, a decrease of more than 4,000 cases. The percentage of positive cases reported through the department's laboratory during 1915 also shows a diminution of 5 per cent. over that of 1914. The records show that the number of cases referred by the profession to the venereal diagnostic clinics is steadily increasing despite the larger number of physicians who are making the tests themselves. It seems that as in the past physicians have refrained from reporting their cases in private practice; only 103 cases of venereal disease having been reported through this source for the entire year of 1915. The report points out, in this connection, that every safeguard is provided to protect the secrecy of such reports, and that it is not obligatory to report the cases by name, the initials alone being sufficient.

**The Economics of Hygiene.**—The great preventable wastes in this world are, I believe, wastes which can be prevented only, or chiefly, by hygiene. Crime, vice, insanity, disease, death and poverty could be wonderfully reduced by applying hygienic knowledge, even the little already available. The economic cost from wrong habits and conditions of living is, I am convinced, on the basis of such fragments of evidence as are obtainable, so colossal that even workers in this field would be astonished if the whole picture could be revealed.—Fisher.

**High Tuberculosis Mortality Among Negroes.**—Following is the number of deaths and the death rate, from tuberculosis, for the white and for the negro races, respectively, in New York City for the year 1915. White race: Pulmonary tuberculosis: Deaths, 8,279; rate, 1.54; tuberculosis, all forms, deaths, 9,595; rate, 1.79; all causes: Deaths, 73,512; rate, 13.71. Colored race: Pulmonary tuberculosis: Deaths, 546; rate, 5.20 tuberculosis, all forms: Deaths, 654; rate, 6.23; all causes: Deaths, 2,681; rate, 25.53.—Bull. N. Y. Dept of Health.

**Death Rates.**—It should not be understood, however, that the death rate from the infectious diseases is a measure of individual, so much as of community, intelligence. In this country the wonderful reduction in the death rate from infectious diseases in the past fifteen years has been confined largely to the great cities. Smaller cities, village and rural communities have improved but little. The larger cities are establishing effective health departments. Building regulations prevent the



construction of unsanitary houses, either public or private. School children are inspected by competent medical men and first cases are detected and isolated. Proper hospitals for the infectious diseases are provided and scientifically administered. The children of the poorest and most ignorant go to sanitary school buildings and when infected, are scientifically treated. The health officer of the smaller city is a joke and that of villages and rural communities exists, for the most part, only in name.—Vaughan.

**Milk-Borne Typhoid Fever at Northbridge, Mass.**—An epidemic of typhoid fever in Northbridge illustrates the necessity for caution in making an epidemiological diagnosis. Polluted river water was regularly introduced into the town mains for fire purposes. A history of a fire within the period of incubation of typhoid fever, plus the wide distribution of cases, pointed to water as the carrier of the infection. Yet careful analysis of the milk supply accounted for every case. Sixteen out of the twenty-two patients received milk from a dairy in which a milker and pedler was discovered ill with ambulatory typhoid, confirmed by Widal and examination of urine and stools. Even the six cases not receiving milk directly from the infected dairy had been subjected to the infection by the exchange of milk. These cases developed too soon to have been secondary infections. — Public Health Bulletin, Mass., State Dept. of Health.

**Rules for Typhoid Carriers.**—The following instructions for the guidance of typhoid carriers have been issued by the New York City Health Department:

1. You must not have anything to do with food or drink to be used by others, either in your business or at home. Don't go to the ice-box or refrigerator. Don't hand anything at the table. Have your own plates, cups, glasses, spoons, forks, etc., separate from the others, and washed and kept for you alone. If you happen to leave any food or drink, it must be thrown out and not be used by others.
2. Every movement from your bowels not passed into a toilet flushed with water and connected with a sewer must be disinfected with some good disinfectant, such as chloride of lime or cresol, letting it stand for some minutes. Keep a supply of the disinfectant on hand for this purpose. When a toilet with running water is used, thoroughly clean the bowl daily.
3. After using the toilet wash your hands with plenty of soap and water. Do this every time. Dry your hands well. Do not let other people use your towel.
4. Do not have a movement of your bowels except at a regular toilet. Try not to use the toilet when away from home during the day. If you have only an out-door privy to use, keep it disinfected all the time with quick lime, and screened from flies.
5. Keep yourself and everything about you very clean. Disinfect your underclothing before sending it to the laundry.
6. Every person with whom you live must be immunized against typhoid fever.
7. Keep the Department of Health informed of your whereabouts. Call for a per-

sonal talk and advice as to treatment or help in some other way. See that your stools are re-examined from time to time.

If there is a physician in attendance these instructions are sent to him to be transmitted to his patient; if there is no physician in attendance, they are sent directly to the typhoid carrier.

**Tuberculosis in Madrid.**—On the basis of a census of all known cases of tuberculosis in Madrid during the last four years, according to the *Siglo Medico*, Dr. Codina, at a recent meeting of the *Academia de Medicina*, stated that of the 1,300 streets in the city, over 79 per cent. had had one or more cases of tuberculosis, and over 26 per cent. of the houses sheltered tuberculous inmates on a given day, and over 60 per cent. had had one or more tuberculous inmates in the course of the four years. That is over three-fifths of the houses of Madrid have sheltered tuberculosis in the last few years, and there are fifty-two houses that have each had from eleven to thirty-one cases. He stated further that 92.69 per cent. of the tuberculous have less than a peseta—20 cents—a day to live on; 7.11 per cent. have from 1 to 2 pesetas, and only 0.2 per cent. as much as from 2 to 4 pesetas. Overcrowding and illiteracy are shown anew to be potent factors in tuberculosis; only 35.14 per cent. of the tuberculous in Madrid can read.

## Facetious Items.

### A Letter from Our Old Friend Dooley.

(With Apologies to Peter F. Dunne.)

Dr. Walter M. Brickner, of New York, read the following at the banquet of the American Medical Editors' Association at Atlantic City.

(We had this set up some time ago but it is as good now as when delivered.—Editor.)

'Twould be the proudest moment of me loife if Oi could be wid yez on the night of the iditors' banquet.

Only yisterdy I said to Hinnissey: "Hinnissey," I says, "have yez ever thought phwat a calamity it would be if all the docs would shtop readin' thim midical journals? Do yez know," I sez, "that we'd all git will of only old-fashioned diseases, instid of dyin' of new-fangled ones?"

"Oi have the gra-atest rayspect for the medical profeshun. Anny toime of the day or noight, d'ye-moind, when the ould woman comes home sick from one of thim tango teas or tays dansants, as they call 'em, Doc is Johnny-on-the-shpot to tell me for \$2 that I did all that was nicissary when I giv her ipecac an' a mushtard plaster. But it's you iditor fellows I musht take me hat off to. Without yer books and yer midical magazines the risht of the profishun wad be nowheres at all at all. How the divil wad the nerve dochtors and the shkin dochtors be arnin' a livin' to-day if they hadn't read in the journals about 666, or phwativir the number is, Oi don't know?"

I says to Hinnissey: "When ye go to doc with yer complaints," I says, "he writes them all down and thin he looks them up in his journals to see if they're regular and accordin'

to the rules of the union. Maybe he foinds an article by another doc on the same symptoms, like this, d'yer moind:

"In the Chinchinnati Fancy-Finical, Schmittberger and O'Flaherty dayscribe a ray-markable case of anyphylaxis from the eatin' of harrd boiled shrimps, in which the symptoms were similar to those in the case rayported below. Their observations open up an entoirely new field,' etc., etc. New fields, Hinnissey, is one of the favorite things in midical literachure—and some of them, d'ye moind, is elaborately decorated with tombstones.

"Suppose, for instance, Hinnessey, I've been mixin' it up with one of the bruisers here in the saloon, and we've wiped up the flure wid aich other, d'ye moind. When the scrimmage is over I crawl up to the doc's. 'Doc,' I says, 'I have a hivvy pain in the pit of me back,' I says, 'and me right knee is thremblin, an' the room is goin' round and round, an' divil a bit can I see out of me lift oi, an' I can't get me brith an'—'

"'Shtop,' says doc—'I rade all the midical journals an' there ain't no such symptom-complex.'"

"An' phwat is a symptom-complex, Oi don't know?" says Hinnissey.

"Phwat diffrence does it make, Hinnissey, as long as I haven't got it?"

Then doc says, "Dooley, aither ye're lyin' to me or ye've got a bran' new disease an' I'll have to write ye up. But first and foremost I must take yer blood prishure," he says.

"Ye'll take nothin' of the sorrt," I says, "I can't do widout it," I says.

Onnyhow six months later there Oi am, all printed out in Amirican Midicine of the Journal of Insobriety:

"M. D. (that me, Maartin Dooley), aged 56, a saloonkeeper, but otherwise of bad habits, was rayfirred to me by Dr. X—. (They always put that in, Hinnissey), wid the followin' histhry:

"Family Hishtry.—Faather died in infancy

of cerebral adiposity. On the maternal side, his aunts and uncles have idiocy, ipilepsy, rickets, schurvy, and Potter's disease of the shpine, but are otherwise in parfct hilt.

"The patient himself is entoirely married and has three hiltly children (bless the darlints' haarts). He has had mumps, measles, and malaria, dyspepsia, dysenthy and delirium tremens.

"Prisint Hishtry.—Whoile considerably dhrunk wan of his friends hit him in the fallopian tube with a bungstarter. \* \* \*

"An' so it goes on. The wander of it is, Hinnissey, when ye rade these biographies, that ye've lived as long as ye have—if ye have lived that long.

But to the dochtors, Hinnissey, every little ailment has an interest all its own, an' doc wad gladly pay ye for the plishure of ray-movin' yer kiddie's tonsils, if it was his hundredth case, so he could hustle them all to the midical journals."

I'm sorry for you iditors. Ye have to rade all ye publish in yer journals—the which is more than yer subscribers iver do. Wid me profound sympathy,

Yours truly,

Martin Dooley.

"Oh doctor, I'm so glad you've come! We just had such a scare. We thought at first that the baby had swallowed a \$5 gold piece." "And you found out that he hasn't?" "Yes, thank goodness, it's only a quarter."—Boston Transcript.

A matrimonial agency offers to supply any man with a wife for \$5. It costs less to get into trouble than it does to get out.

"What is that class of girls doing?"

"Studying fossils."

"Well, I used to object to being called one, but I guess I'll own up to it now.—Kansas City Journal.

This should have appeared in Dr. H. O. Mosenthal's paper on page 349 of this Journal, which see. We regret that in the make-up it was overlooked.

#### VEGETABLES ALLOWED ON 'CARBOHYDRATE-FREE' DIET.

Asparagus  
Brussels Sprouts  
Cabbage  
Cauliflower  
Celery  
Cucumbers  
Egg-plant  
Endive  
Greens  
Kohl-rabi

Lettuce  
Pickles (Sour)  
Rhubarb  
Sauerkraut  
Sorrel  
Spinach  
String-beans  
Swiss Chard  
Tomatoes  
Water-cress

APPROXIMATE EQUIVALENT IN ALCOHOL OF 30C.C. (1 OUNCE) OF WHISKEY IN LIQUORS CONTAINING 2% OR LESS OF CARBOHYDRATE.

	c.c.	Household Measure
Gin, Rum, Brandy	30	2 Tablespoonfuls
Claret, Burgundy, Hock, Rhine and Moselle Wines	130-160	¾ Tumbler



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## REMARKS ON BERI-BERI IN UNION COUNTY JAIL.\*

BY HORACE R. LIVENGOOD, M. D.  
Elizabeth, N. J.

In October, 1913, I reported a series of cases to the Union County Medical Society occurring in the Union County jail which I was unable to diagnose. A committee was appointed by the president consisting of Drs. Wilson, Stern, Conover and myself to investigate the trouble.

This committee acting with Health Officer Richards and in conference with Dr. Hermann Parker, of the United States Marine Hospital Service, arrived at the conclusion that the cases were Beri-Beri. The committee reported as such to the sheriff and Board of Freeholders with recommendations on November 6, 1914.

In the State Journal for March, 1914, I gave a brief report of these cases.

For the past three years since I have been jail physician, we have had numerous cases of oedema of the legs and body. Some of the cases would have a heart murmur and dyspnoea, some albumuria, but in the majority of cases the oedema and a sense of tightness about the chest were the only symptoms complained of. These cases became more frequent and as I was unable to ascribe a cause, I gave it the term "Jail Swelling."

The food was inspected, the sanitation was looked into; inquiries were made of other institutions. At first it appeared that the oedema might be due to the cardiac lesions or anaemia, or possibly a chronic nephritis. Several of the patients did complain of pain in the legs. It was also observed that all the cases were confined to the main part of the jail and that no cases

occurred in the cook room, the witness quarters, among the women or the "trusties." The disease seemed always to occur in long-time prisoners and certain ones seemed more susceptible than others.

During 1913 the cases became more numerous and gave the impression of being inoculated with some toxine or infective agent. Later some of the patients began to develop slight symptoms of neuritis, and then these symptoms were looked for in other patients.

In all there is record of 26 cases obtainable. The mild cases were undoubtedly overlooked and some of the severe ones received another diagnosis at the time of discharge. The average time of incarceration before development of symptoms was 89 days.

A brief history of a few cases will be of interest and bring out some of the divergent symptoms.

I. R. G., male, age 40, machinist, alcoholic, married. Family and previous history negative. Venereal disease denied. Admitted to jail March 24, 1913. About June 6th, 74 days after admission, complained of dyspnoea and swelling of legs, anorexia and constipation. Discharged June 13, 1913, on account of condition which grew worse.

July 8, 1913, was again sentenced and October 3, 1913, 87 days after complained of same swelling and symptoms. Swelling appeared first in the evening and cleared in the morning. Uncomfortable feeling in legs and weakness. Swelling now continuous and extended to genitals and body, also arms. Anorexia and constipation.

*Examination*—Heart, bounding and irregular, enlarged to right. Lungs—Right lower lobe diminished breathing and dullness. Urine—1020, acid, trace albumin, fine and coarse, granular casts, leucocytes and amorphous units. Blood—Reds, 4,-

\*Read before the Union County Medical Society, July 12, 1916.

280,000; hemaglobin, 70%; whites, 6,800; polynuclear ("polys"), 65%; Wassermann negative. Temperature 98.4. Pulse 90-120. Respiration 20-30. On October 9, 1913, he was discharged from jail on account of condition and entered a New York hospital.

He is now back in jail again where he has been serving in the cook house for the past two months and shows no signs of his former trouble except that he is short of breath on exertion and has some palpitation (November 10, 1914).

II. G. O. male, Italian laborer, age 30. Admitted to jail April 28, 1913.

September 27, 1913, 152 days after admission, legs began to swell, complained of pain and walked with difficulty. Dyspnoea, anorexia, constipation, gums swollen and nose bleeds.

*Examination*—Heart action tumultuous, enlarged, exertion causes increased beats. Lungs normal. Legs and trunk swollen and pit on pressure. Anterior tibial areas of anæsthesia. Reflexes diminished. Urine 1018, no albumen or sugar. Blood—Reds 2,500,000; hemaglobin, 65%. Wassermann negative. Transferred to Elizabeth General Hospital. November 8, 1914, recommitted to jail. Heart still somewhat enlarged. Action irregular.

III. R. L., Italian, age 44, macaroni maker. Entered jail June 2, 1913. Latter part of October, complained of pain in limbs. On October 1, 1913, had cold, clammy sweats, shortness of breath. Pulse rapid and feeble. Placed on milk diet with fruit juice. He then began to walk with difficulty, complained of pains in legs, could not get up stairs. Areas of anæsthesia in anterior tibial regions, loss of knee jerks.

Recovery almost complete under tonics and diet when he left the jail November 22, 1913.

This was our only case of Beri-Beri without dropsy.

IV. W. O., colored, age 22, robust build.

Entered jail August 6, 1914. Began to complain as soon as he entered jail with cough in which he said he spat blood. No tubercular germs were found in the spittle and the lungs and heart examination was negative.

October 15, 1914, legs and feet very much swollen. Pain and tenderness in calf of legs. Areas of anæsthesia in anterior tibial regions—knee jerks diminished.

Heart action tumultuous and increased on exertion.

October 19th.—Mitral regurgitant mur-

mur present. Patient walks like a paralytic dragging both feet. Complains of oppression of chest and is unable to sleep. Treatment consisted of phosphorus and tonics together, with an apple each day and an orange occasionally.

November 1, 1914.—Dropsy disappearing but still has dragging gait with pain in legs. Anæsthesia of anterior part of foot and ankle.

Cardiac murmur disappeared.

December 1, 1914.—Absence of dropsy; gait improved; reflexes absent; some areas of anæsthesia and complains of sense of oppression in chest at night.

V. H. S., colored, age 25, laborer. Previous history negative.

Entered jail May 17, 1913. Swelling developed August 1, 1913. Swelling began in legs and covered entire body and genitals. Anorexia constipation, dyspnoea, cardiac palpitation and difficulty in walking.

August 22, 1913.—Sent to hospital.

*Examination*—Well nourished man—entire body swollen. Heart enlarged, action thumping, mitral regurgitant murmur. Kidneys, trace of albumen.

Blood — Reds, 3,500,000; hemaglobin, 60%; reflexes diminished; areas of anæsthesia in legs. Patient remained in hospital two months.

On discharge the swelling had disappeared. The gait was good but still had some difficulty in walking fast. The heart action was increased on exertion, more than normal.

I think the above histories illustrate the symptoms of the average case encountered.

All but one had swelling. Cardiac symptoms were very pronounced. Nerve symptoms present but not marked in the majority of cases.

The theories as to the etiology of the disease have been numerous, most of them not backed up by fact. The one obtained by most observers and which I believe the correct one is that Beri-Beri is a food deficiency disease. It also seems that this deficient principal creates some toxic substance in the system.

Dr. Parker was very certain that the polished rice used in the jail twice a week was the cause of the trouble and we did not have any cases for a long while after this was stricken from the diet.

Dr. Vedder and other authorities say that a too exclusive diet of any milled cereal (even white bread) will produce Beri-Beri. Of course confinement in institutions adds to the susceptibility of the pa-



tient and it is true that women are less liable to the disease than men.

I believe the lack of so-called vitamins in food has largely to do with etiology, and it seemed that cases improved when given apples, oranges or tomatoes. We have lately added apples to the diet (November 10, 1914).

Vitamine is present in nearly all fruits and vegetables but is destroyed on heating to 130 degrees F.

McCarrison reports a series of experimental polyneuritis in pigeons caused by feeding polished rice dry and boiled. Bacilli resembling hog cholera were cultured from the internal organs. These living cultures when inoculated into healthy fowl or rabbits produced polyneuritis in 67%. (Indian Journal Medical Research, July 2, 1914).

The diet in the jail previous to the committee's investigation consisted of the following:

*Breakfast* (each day)—Corn mush and molasses. Black coffee, no sugar.

*Supper* (each day) — White bread and coffee without milk or sugar or boiled rice.

*Dinner* — Monday — Meat soup with boiled vegetables. Polished rice.

Tuesday—Clam chowder. Bread.

Wednesday—Bean soup. Bread.

Thursday—Meat soup with boiled vegetables.

Friday—Fish boiled and a vegetable.

Saturday—Beef soup and vegetables boiled.

Sunday—Cold meat and bread.

Rice was then eliminated from the diet and other changes made and no Beri-Beri cases were observed for several months.

DIET, DECEMBER, 1913.

*Breakfast* (each day)—White bread, coffee with condensed milk and sugar.

*Supper* (each day)—White bread. Coffee with condensed milk and sugar.

*Dinner*—Monday — Meat soup. Boiled vegetables. Bread or oat flake.

Tuesday—Clam chowder with vegetables boiled in.

Wednesday—Bean soup. Bread. Oat flake.

Thursday—Meat soup. Oat meal flake, Bread.

Friday—Codfish. Bread, Raw onion. Coffee.

Saturday—Beef soup. Bread.

Sunday—Cold meat. Bread. Coffee with milk and sugar.

In November, 1914, a conference of sheriff, jail committee and jail physician was held and the following diet decided on:

*Breakfast* — White bread. Coffee with condensed milk and sugar.

*Supper*—Rye bread. Coffee, milk and sugar.

*Dinner*—Monday — Boiled dinner, cabbage and potatoes. Substitute sauerkraut when needed.

Tuesday—Clam chowder. Bread, Raw apple.

Wednesday—Beef soup. Raw onion.

Thursday—Bean soup with pork.

Friday—Fish and boiled potatoes with jackets.

Saturday—Beef soup. Raw onion.

Sunday—Cold meat. Bread. Apple.

In the former diets there were plenty of vegetables, but they were always cooked in the soup and so the vegetables were not eaten as such.

Raw onions were then added to eliminate this and the supply of so-called vitamins. Onions are poor in vitamins however.

Later we have tried still further to improve by increasing the proportion of vegetable matter eaten; also introducing raw apples in season.

As expense is an important item in feeding and these prisoners do no work, we cut the portions still further. The warden calculates 16 to 18 cents will feed each prisoner per day.

The question of diet deserves more attention than it has received in the past. As free people we eat a mixed diet and if there is a deficiency of one article we make it up at another time. Some Sage has said our fault is over-eating rather than under-eating. Under the stress of life we "work off" this excess and eliminate it. In institutions, however, the problem becomes more exacting. Here we have a class leading a sedentary life in restricted quarters. The expense also enters into the problem.

In hospitals the period of confinement is not as a rule long and conditions are well looked after. In penitentiaries and reformatories the inmates are given some occupation, but in jails there is absolutely nothing for most of them to do.

We used to think that if a person received carbohydrates, fats and proteids with water in the proper proportions, that was all that was necessary for his well being. We are also told that the caloric value of these should be so much for different occupations.

These are great truths, but not all, for we are learning how important are the mineral constituents of food and how changes in proportions effect the metabolic process.

A German investigator found that he could keep rats alive and in good condition on ordinary rye bread, but when certain innocuous substances, such as sugar, were added, the rats would die.

Since November, 1914, when the last diet in the jail was revised, there have been no cases of Beri-Beri occur.

### HOME CARE VERSUS INSTITUTION TRAINING FOR BLIND BABIES.

BY DAVID EUGENE ENGLISH, M. D.,  
Summit, N. J.

Both homes and institutions may be divided into two classes—good and bad.

In the worst homes babies, blind or seeing, are unwisely fed. When there is plenty of food in the house they are fed too much and too often, fed to keep them quiet; when food is scarce they suffer from the lack of it. The food in these homes is of the least expensive kind and often unsuitable, if not unclean. The milk, especially, is dangerous. The babies are improperly dressed, often entirely too warmly, sometimes too lightly, and no attention is given to the special needs of each child in this regard. They are frequently allowed to be dangerously unclean, and are neglected and left too much alone. This kind of care and environment has a worse effect on a blind baby than on a seeing baby. As they grow older they are left untaught, and neither mind nor body is properly developed or exercised. The body becomes stunted, the mind remains asleep. I have known cases where blind babies were confined to a crib and fed with a bottle until they were six or eight years old. In such cases it is impossible to convert them into healthy adults with normal minds. In some cases these blind babies are supposed to be idiots when they really have normal minds and are merely suffering from improper care and lack of expert training.

It is possible to imagine that a state of affairs nearly as bad as this might exist in an institution, that the blind babies and little blind children might not be properly fed, clothed, cleaned, or taught; that they might be allowed to become mere automations; that they might be fed and clothed as cheaply as possible without killing them, and not allowed to develop along natural lines, or allowed to play together in a beneficial manner; that they might be crowded too closely in badly ventilated rooms, not properly educated, and allowed to become

feeble-minded. But I have never seen such an institution, and doubt that such a one exists. On the other hand, homes of the worst type are only too common.

Let us compare the best type of home with the best type of institution. The best home has a mother's loving care which, I am sorry to say often does more or less harm than good to her blind baby. The loving mother has zeal without knowledge, patience without skill; labor which produces no good result. She is without training herself, and so fails properly to train her blind child. A mother who does not know how to read books prepared for the blind cannot teach her child to read them any more than a mother who does not know the multiplication table can teach her seeing child algebra. Such a mother would not attempt to educate her seeing child, but thinks she is entirely capable of educating her blind child. The result is, it remains untaught until it is too late to develop it into an adult with a normal mind and a healthy body.

In many of the best homes the blind baby is not properly fed. It is generally fed too much, and often has a rich expensive food which it cannot properly digest and assimilate, because it does not get enough exercise in the open air. Often the baby's sleeping-room is not properly ventilated for fear the baby will "catch cold," and the baby itself is frequently overclothed for the same reason. This results in the baby's suffering from many colds, and sometimes from pneumonia with fatal results. In very few of even the best homes can the mother afford to buy the apparatus necessary to the proper development and education of her blind baby and child. A thousand dollars' worth of apparatus will suffice for one hundred blind babies and little children in an institution, but it costs as much for one blind baby at home. Even with all the necessary apparatus the loving mother is ignorant of how to use it; she has not been trained herself. Few mothers can afford to have a specially trained attendant for her one blind baby. Even if the mother devotes her entire time to the baby the result will not be good, and how many mothers have the inclination and the patience to devote their entire time to a blind baby? How many can afford to do so? In the same time they can earn nearly twice as much as it would cost them to keep their baby in an institution for blind babies where it would be successfully trained and educated. How many mothers can afford to have their blind



baby inspected by a specialist on diseases of children every day, by a specialist on the eye and ear every week, and by a dentist every month? How many mothers can afford to pay a graduate nurse, and a specially trained attendant for the blind to look after their little blind baby every day? To assert that a blind baby can get better or as good treatment at home as in a good institution is absurd.

The best kind of an institution for blind infants and children combines four ideas, viz.: a home in which the infant or child has all the advantages of the best parental home; a school for the proper development of the mind; a department for the proper development of the body, consisting of play rooms, special apparatus, play grounds, and gymnasium; and a hospital for the sick.

An institution for blind infants and children that is not homelike will not achieve complete success. The rules should not be too rigid, nor the routine too inelastic. The programme must be varied from day to day, or the little children will become mere automatons. The children should have the same freedom and the same variety they would have in the best parental home, or even more. The discipline must be suited to each individual's peculiar need. The teachers and attendants must each possess a full share of natural maternal instinct, and know how to properly "mother" a little child. The little child imperatively requires a certain amount of the natural manifestations of mother love, and will not develop properly without it. It also needs the proper amount of parental restraint. These things must be properly combined and regulated and applied with patience and persistence, and they are so practiced in every good institution. The one quality that a teacher or attendant in an institution for blind infants and children must possess in great abundance is patience—tireless, persistent patience. Combined with this must be knowledge and experience. Both teachers and attendants must be educated for this work in schools that make a specialty of this kind of education, and acquire experience by working in subordinate positions at first. Every institution for the blind must, moreover, be a school for the proper training and advancement of its own teachers and attendants, where they will learn, not by experience only, but also by lectures given by physicians, graduate nurses, and superintendents; and where they will have access to all the best books on the education, care and training of the blind. In these

ways only can the institution be a real home and school for its unfortunate inmates. The school should be conducted along the same general lines as our public schools with the special adaptations made necessary by the unfortunate handicaps of its scholars. The object being not so much to impart a parrot-like knowledge, or an automatic habit of action, as to develop the mind naturally and symmetrically so that the scholar may go on acquiring knowledge and skill throughout life, and so become an independent, self-supporting adult. Every institution for blind infants and children should have at least one graduate nurse on duty in the day, and another at night. These nurses keep a constant watch over the infants and children, and carry out the orders of the attending physicians. They also supervise the feeding according to the direction of the attending physician, each infant or child being fed according to its particular need.

Careful attention should be given to the clothing, adapting it to the needs of each individual, and to the variations of the weather. In no case should any uniform institution dress be allowed. Exercise also, whether passive or active, should be carefully regulated and adapted to the peculiar needs of each individual. Blind infants and children will not voluntarily take as much exercise as they need until they have been taught to do so, and until they have been encouraged to step out fearlessly into the darkness. These babies and children, being blind, have to be taught to appreciate their environment in other ways than by sight. Their other senses have to be developed to an unusual degree in order that they may, so far as possible, take the place of the sense of sight. The senses of touch, hearing, smell, taste, temperature, bulk and pressure, or weight—all of these have to be developed to a superlative degree by the teachers and attendants. This is a tedious sort of education and requires special training of teachers and attendants. And it cannot be begun too early. A seeing baby begins to learn with its eyes before it is three months old. At about the same age the blind baby begins to cease advancing, or to go backward. The training of the blind baby by experts should be begun as soon as it is weaned, otherwise it loses valuable time and soon begins to relapse into a state of mental apathy.

Every institution for blind infants and children should have at least one attending physician who is skilled in pediatrics, and in the larger institutions he should be a resi-

dent physician. He should inspect all the infants and children every day, and thus notice the first symptoms of any sickness that may occur among them. He should also instruct the nurses and attendants by lectures, talks and demonstrations; direct the feeding, clothing and exercise of the inmates; see that the buildings are properly warmed, ventilated, not overcrowded, and kept in good sanitary condition; note the quality and source of supply of the water, milk, and other foods; and supervise in every way the health and growth of these unfortunate children.

Besides, each institution should have a visiting oculist, a visiting dentist, and a large consulting staff of eminent specialists who can be called on in any case of sickness, or mental trouble, in which there is any doubt. All these advantages are to be found in every good institution and at a trifling expense. The loving mother, no matter how devoted she may be, or how rich she is, cannot have all, or many, nor more than a few of these advantages at home for her afflicted offspring.

But there is one more thing that I consider of even more importance than any I have mentioned. That is companionship. No child can develop normally alone. An only child, even when it can see, is seldom a complete success. This is doubly true in the case of the blind child. One blind child will teach another blind child more in half a day of companionship than an adult can teach it in a week. The blind children, in their close association with each other in an institution, teach each other more than the teachers teach them, and they teach those things that make for a normal life. This companionship is the most important, and the most valuable part of their training.

#### A CASE OF UTERUS DIDELPHYS.\*

BY WALT PONDER CONAWAY, M. D.  
Atlantic City, N. J.

Margaret P., age 32 years, called at my office for examination on January 20th, 1916.

Family history negative. Patient was a native of Italy but had lived in this country for twenty years. Had the usual diseases of childhood but since that time had never been ill and had never lost any time from her work as bookkeeper for twelve years.

\*Reported to the Philadelphia Obstetrical Society, March, 1916.

*Menstrual History.* She had never menstruated and had never seen any discharge of any kind from the vagina.

Vaginal examination was unsatisfactory as there was practically no vagina, only a slight depression between the labia about one inch in depth and large enough to admit one small finger. An opening large enough to admit a probe could not be found and a bi-manual examination revealed nothing behind the pubes; but a mass about the size of a lemon could be diagnosed through the abdominal wall on the left side, low down in the pelvis. Tenderness over McBurney's point.

Since she gave a history of two attacks of appendicitis I advised laparotomy and also because she was quite anxious to menstruate and was willing to be operated in hopes of being relieved.

A laparotomy was performed on February 11th.

On opening the abdomen I found a normal tube and ovary on the left side, a small uterus imbedded in the broad ligament and with its cervix pointing to the left hip. On the right side was a normal tube but a large cystic ovary about the size of a lemon. On this side was another small uterus about one and a half inches long, perfectly formed and its cervix pointing outward toward the right hip. Between these two uteri was an empty space partly filled by the bladder. They were connected by a muscular band about one inch wide and about four inches long and which seemed to contain the uterosacral ligaments and the vesical fold of peritoneum.

A perfectly formed cervix could be felt through the peritoneum and in the broad ligament. Neither cervix communicated with the vagina. The appendix was considerably enlarged and adherent and was removed with some difficulty.

In Gould and Pyle's book—"Anomalies and Curiosities of Medicine"—I find mention is made of a few very similar cases.

According to the extent of the duplication there are reported cases of uterus bicornis bi-partite, duplex and uterus didelphys. The so-called uterus didelphys is really a double uterus, each segment having the appearance of a complete unicorn uterus with one tube and ovary and more or less joined to its neighbor.

Professor Purcell, of Dublin, reports that in the year 1773 he opened the body of a woman who died in the ninth month of pregnancy. He found a uterus of ordi-



nary size and form as is usual at this period of gestation which contained a full-grown foetus but only one ovary attached to a single Fallopian tube. On the left side he found a second uterus unimpregnated and of normal size, to which another tube and ovary were attached. Both of these uteri were distinct and almost completely separated.

#### A CASE OF VESICO-UTERO-VAGINAL FISTULA AND RECTO-VAGINAL FISTULA.\*

BY WALT PONDER CONAWAY, M. D.

Atlantic City, N. J.

Mrs. Isaac G., age 39, para three times, was delivered of a seven-pound baby on May 4, 1915. Forceps delivery. A slight laceration of the pelvic floor noticed. This was repaired promptly.

A few days later the patient noticed she could not pass urine but that the urine seemed to be dribbling nearly all of the time and that also there was an odor of fecal matter about the vagina constantly.

I was called in consultation on May 15th and after examination made a diagnosis of vesico-utero-vaginal fistula and recto-vaginal fistula and advised operation.

She was admitted to the Atlantic City Hospital on May 19th, 1915, and I operated on May 20th.

The bladder opening was closed with interrupted sutures of fine silk in two layers. The uterus was curetted and a high trachelorrhaphy was done, which extended up to the vesical opening. A permanent catheter was left in the urethra.

The recto-vaginal opening was repaired with interrupted sutures of fine silk in the rectal mucous membrane, chronic catgut sutures in the pelvic floor muscles and plain catgut in the vaginal mucous membrane.

On the fourth day the patient developed a high fever and other evidences of cystitis.

The catheter was removed and the bladder irrigated a few times with a solution of boric acid. She was catheterized regularly for several days until the cystitis subsided and then another permanent catheter was inserted. This remained for a week.

The patient was kept in bed for four weeks at the end of which time she was able to void urine with but slight leakage

in the vagina. This leakage occurred only at the time of urination. She was able to retain her urine for four hours. In two weeks more the closure was perfect.

The repair of the recto-vaginal fistula was complete and gave no further trouble.

In September I heard from the husband of the patient who stated that his wife had no trouble with the bladder or bowels and that she was well.

### County Medical Societies' Reports

#### CUMBERLAND COUNTY.

*E. S. Corson, M. D., Reporter.*

The Cumberland County Medical Society held its quarterly meeting July 11th at Hotel Maretti, Vineland. Dr. Irving E. Charlesworth, president, in the chair. Delegates from the Gloucester Society were present. Dr. James Hunter, district councillor, admonished the society to follow the publicity plan as laid down by the State Society. Dr. Henry P. Webb, of Deerfield, was proposed for membership. Resolutions of sympathy respecting the serious illness of Dr. H. H. Wilson were passed.

Dr. Louis J. Kauffmann, of Millville, annual delegate to the State Medical Society, gave a very interesting report. It is interesting to note the increased interest in the local society which attendance at the State Society infuses into the younger members. Drs. Kauffmann and H. G. Miller visited the camp at Sea Girt and spoke of their desire to assist the "boys" in their preparations for the front. Dr. W. P. Glendon conducted a very interesting clinic on "Compound Fractures." He presented several cases that had refused to heal and later had been plated, wired and nailed. Each case had been radiographed at various stages of the process. His conclusions were that plating should be done at once rather than wait until the tissues had become devitalized or infected. A committee was appointed for the annual picnic in August. We hope to have some of the State officers with us as formerly. This was one of the most interesting summer meetings held in a long time.

#### ESSEX COUNTY.

*Frank Wilcox Pinneo, M. D., Reporter.*

The Essex County Medical Society closed the regular season of its 100th year with the May meeting, but the epidemic of Poliomyelitis, which began with July, brought a condition which merited special

\*Read before the Atlantic County Medical Society, February, 1916.

attention, not only on the part of public health officials and individual practitioners who had the disease to handle, but also by our profession in its organized capacity, by furthering knowledge of research work and recent clinical experiences elsewhere, as in New York, inasmuch as this disease is notably one of those with perilous and even tragical sequellae for those attacked, and contagious by channels now unknown, the great problem of healthy "carriers" being a leading one involved and needing solution, for every practical reason. When, therefore, the Health Officer of Newark, Dr. C. V. Craster, suggested that a meeting on Poliomyelitis, with an invited speaker from New York might be interesting, the officers of the County Society acted at once and secured Professor George Draper of Columbia University and who had, following the epidemic of 1907 in New York, done some of the research work at Rockefeller Institute in this disease. The meeting took place Monday, July 10th, at 4.30 P. M., and was attended by a very representative audience of physicians. It was the first meeting held in the new Board of Health Auditorium at William and Plane streets. Dr. Draper spoke of the feature of the present epidemic and the discoveries made since the last, the increasing importance of finding the "carriers," as other theories of transmission, insects and similar direct inoculations, had given way. He emphasized that the most important cases, especially in diagnosis, were the non-paralytic ones and that they were, by a clear majority, the more common. Lubar puncture should be done in every case, and repeated, and the fluid studied. An observation he had made, and confirmed, was a characteristic reaction of the patient to the Kernig sign, a premature opisthotonos protective against flexion of the spine (suggestive, possibly, of the disease in the spinal ganglia). The same day a meeting of nurses and others connected with children's institutions had been held in the Board of Health rooms and again the following week on Tuesday, July 18th, answering a call to all physicians to attend and give their judgment, a joint meeting of the members of both the Boards of Health and Education was held, on the perplexing question whether to close all the public schools or not. The final action of each board, independently but in harmony, was to exclude all children under 10 years of age from schools, as from other places of congregating.

The one hundredth anniversary of the

county society was celebrated by a banquet the evening of Tuesday, June 13th, at the Washington restaurant. The president, Dr. John F. Hagerty, acted as toastmaster and made an address which for appropriateness could not have been excelled and it elicited universal approbation. The other speakers were Rev. Dr. W. J. Dawson, Professor J. J. Walsh and Judge Peter F. Daly. Mr. George H. Downing and Mr. Howard Pascall rendered very pleasing vocal solos. About 160 were at the tables and the event was very successful, socially and as a celebration of a one hundredth birthday. The committee in charge were Drs. Long, Zehnder and Bumsted.

The status of the epidemic of poliomyelitis, as this report goes to press, is ominous with increasing number of cases throughout the country and a spreading of the territory affected. The following statement of the New Health Officer is a summary to date (July 25th).

Dr. C. V. Craster, Health Officer, says:

"Since the third day of July we have had an increasing number of infantile paralysis cases of a particularly virulent type of the disease, associated with a mortality somewhere in the neighborhood of 22%. To compare this with the cases which we have had of the endemic type, which numbered 94 cases for the six years, 1909-1915, in which there was only one death, a mortality of about 1%. Since July 3rd, we have had to date 166 cases reported in the city of Newark, with 49 deaths; of these cases 104 were sent to the hospital. We have had a steadily increasing incidence of the disease since the beginning of July, of which our highest points were reached on July 11th when we had 14 cases and 4 deaths; July 14th, 11 cases and 4 deaths; July 19th, 12 cases and 6 deaths; July 22nd, 15 cases and 4 deaths; July 23rd, 10 cases and 4 deaths, and July 24th with 17 cases and 2 deaths. These cases have been grouped in certain districts of the city, more particularly in the 10th, 5th, 3rd, 14th, 13th and 4th wards. The ages of the children attacked has been round about 2 to 5 years, although we had a case yesterday reported of a girl of 25 years. The disease when first reported seemed to be arising from children whose parents were of foreign birth. Of late, however, children of parents of native birth are now being more frequently affected."

To make it complete for the County of Essex, and not including other adjacent



towns, the following suburban figures should be added:

	Cases to	Deaths
	Date	
Orange .....	12	3
East Orange .....	3	—
Montclair .....	2	—
Irvington .....	4	2
Bloomfield .....	1	1
South Orange .....	8	3
South Orange Township	1	—
	31	9 (29%)

Local Medical Societies.

MORRISTOWN MEDICAL CLUB.

E. Moore Fisher, M. D., Reporter of Morris County Medical Society.

The Morristown Medical Club met at the New Jersey State Hospital at Morris Plains on the evening of June 28, 1916, as the guests of Dr. M. A. Curry. Dr. G. A. Becker, of Morristown, presided. A majority of the members were present together with a number of guests.

The speaker of the evening was Dr. Thos. W. Salmon, chairman of the National Committee on Mental Hygiene, who spoke about "Mental Hygiene." In his introductory remarks, Dr. Salmon said that many people were becoming interested in mental conditions and that he frequently got letters from outsiders asking if the National Committee gave any course in this subject and if any diplomas were issued.

Preventive medicine had made its start some years ago and public hygiene had first received marked attention along the lines of sanitation, including the preservation of water supplies and sewage disposal, etc.; this was followed by individual hygiene dealing with industrial diseases and better accommodations and inspection of schools. From the psychiatrists viewpoint, while all these were excellent, there was little gained by preserving life if the lives were to be passed in mental darkness.

It was only during the past ten or fifteen years that mental diseases were receiving recognition by the general practitioner. Addresses before medical societies prior to that time dealt principally with the need of better laws governing the commitment of the insane or with the need of further accommodation for the patients. The substitution of hospital care and full examination, followed by proper treatment in place of asylum or custodial care of the insane

had also improved the standing of the psychiatrist. The hospitals were more open to inspection and their methods better known both to other medical practitioners and the public. Voluntary commitments to psychopathic hospitals and psychopathic wards in general hospitals were all means working toward the same result. Patients who were delirious from typhoid pneumonia or other conditions were helped more, and better managed, if treated along present-day psychiatric methods. The need for the trained psychiatrist was now recognized by the courts; nearly all cases appearing in juvenile courts were examined and their mental condition ascertained. The same was true regarding abnormal children in schools. The Rockefeller Institute is now setting aside \$10,000 a year to establish a psychopathic clinic at Sing Sing and the Bedford Reformatory had a psychopathic hospital away from it, but in connection with it. Diseases and abnormalities of conduct were thus being recognized as the symptoms of disease of the brain.

The causes of insanity could be divided broadly into exogenous and indigenous. Among the exogenous causes syphilis easily ranked first; thirty per cent. of the cases of insanity were due to syphilis; there were more deaths in New York from general paralysis of the insane than from typhoid, which every effort is made to prevent. Throughout the country there were several times as many deaths from this disease as from smallpox. General paralysis of the insane could be prevented if the cause could be done away with. There were two lines along which to work: First, by control along social lines to protect the well; second, to keep those who became infected with syphilis from becoming paretics; to do the latter early recognition of syphilis is necessary and we have tests that render this easy.

The next largest exogenous cause was alcohol; the inebriate was abnormal mentally but it might be many years before this condition called for special treatment, the average period being fourteen years before mental symptoms became pronounced. The preventive measures to be employed were to keep the sober from becoming intemperate and prevent alcoholics from becoming insane. Brain injury was also a cause as were drug habits, though the latter were only responsible for about two per cent. of the cases of insanity.

Before mentioning the endogenous causes, the doctor gave particulars of several patients who became insane and showed that

the psychoses were due to the individual's desire, perhaps unconsciously, to escape adjustment to the happenings in their surroundings. The easiest way to do this was by suicide; there were last year 890 in New York City and over 8,000 throughout the country. Others submerged trouble by the means of literature, art or attending theatres; these were all made use of to escape intolerable situations though most using these, retained insight; they knew the hero was not real and that the actress killed one night was there again to act in the succeeding performance. The need was then to build up and strengthen the psychic mechanism of forgetting, wishing and of thought transference to enable people to fool themselves about their surroundings and themselves. This should begin in childhood in the schools where many are incorrigible, sulky or with bad tempers, the reasons for these should be sought and corrected so that a more nearly normal outlook on a disagreeable perspective was obtained.

Dr. B. D. Evans in opening the discussion said he thought all hospitals for the insane needed a competent internist to diagnose and prescribe for all conditions which prevented a sound body, as he had seen many cases where if physical diseases were remedied, the mental condition improved and he believed that there was a physical basis for all mental disorders. He also said he thought alcohol was the chief exogenous cause, probably in some cases in an indirect way; most who become infected with syphilis being under the influence of alcohol at the time.

Among others joining in the discussion were Drs. Eliot Gorton and T. P. Prout, of Summit, and Dr. C. C. Beling, of Newark. They referred to the theory that idiots, imbeciles and epileptics were often the result of conception taking place while one of the parties was intoxicated and that persons with any of the above conditions should be segregated to prevent propagation of other unfit.

#### WHY I DO NOT ATTEND SOCIETY MEETINGS.

*Too busy to go.* My practice drives me day and night. Gee, I'm busy!

*Too tight to go.* I might miss an office call while there.

*Too scheming to go.* I see a chance to get one of your patients while you're there.

*Too indifferent to go.* The same old bunch still runs things.

*Too self-satisfied to go.* My patients get

well without my adopting your suggestions.

*Too lazy to go.* It's a long drill from my office to the meeting.

*Too superior to go.* I'm really in a class by myself as a doctor.

*Too well informed to go.* You fellows can't tell me anything.

*Too shrewd to go.* You might force me to pass out some of my clever therapeutics.

*Too jealous to go.* That infernal Dr. Knowsiz Stuff might get up and talk.

*Too shallow to go.* You might ask me for a few remarks.

*Too mighty to go.* Attend to your own business; I do as I please.

*Then why in the world do you belong to it?*

Oh, I may go sometime.

Want to belong to the leading bunch round here.

Want to be asked for my dues so as to give them out with a growl.

I like to show up and look like a live one when the college professors come.

Want to bring charges before the censors against you if I ever get a chance.

Am afraid I'll be sued for malpractice and want the benefit of your defense fund.

If I didn't belong, you fellows wouldn't stick up for the kind of stuff I pass out to my patients.

Tut, Tut, Tut!!! And to think they shot men like Lincoln!

—The Bulletin, Medical Society of Blair County, Pa.

#### GET OUT OF OLD RUTS!

If you go into a store to make a purchase you do not expect, and if you are offered some stale shop-worn article, you do not accept it from the merchant, much less pay for it. So it is with your patients when they come to your office or call you to their home; they do not expect you to hand them out some stale shopworn stuff in the way of treatment any pay you for it. They expect you to be up-to-date and prescribe or administer the very latest things in the way of treatment. The best way to acquire a knowledge of what is new is to get out and mix with the fellows who are using them and have adopted them in their practice. If you cannot visit the large medical centers and absorb some of the newer things, take a day off and mingle with your neighbors, come to the meetings of the county society; you will get some inspiration and go home refreshed in mind, spirit and body.—Fayette (Penn.) Mirror (County Society Bulletin).



## COUNTY MEDICAL SOCIETIES' CENTENNIAL CELEBRATIONS

Continued from page 361, July Journal

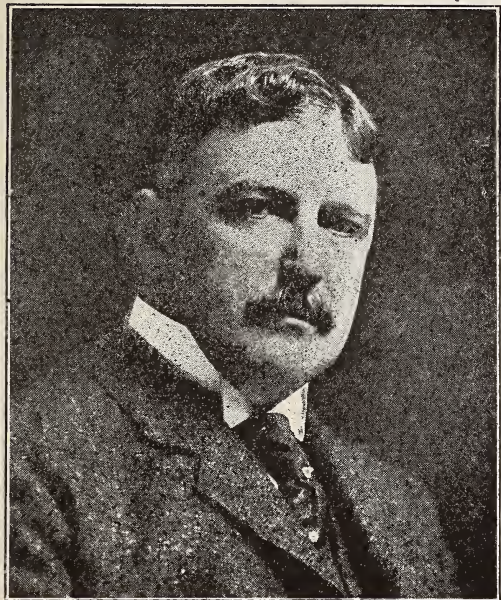
## MORRIS COUNTY SOCIETY.

The Morris County Medical Society held its one hundred anniversary meeting on Tuesday, June 13, 1916. There was a large attendance of its members and invited guests. Among the latter were Drs. Howard A. Kelly, of Baltimore, Md.; Dr. D. C.

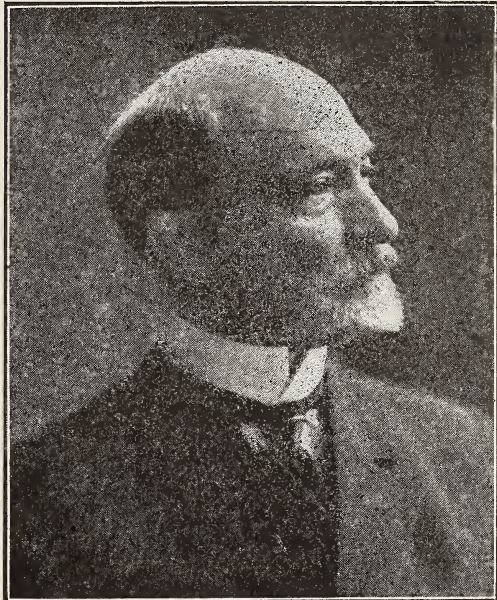
E. Carpenter, of Boonton, who delivered the following historical address:

## HISTORICAL ADDRESS.

According to Dr. Wickes' "History of Medicine," there was published in the New York Mercury under an early date in June, 1766, the following advertisement:



HENRY A. HENRIQUES, M. D.



A. ELDRIDGE CARPENTER, M. D.

English, editor of the State Society Medical Journal; Drs. F. M. Donohue, New Brunswick; W. B. Johnson and J. C. McCoy, Paterson; B. V. D. Hedges, Plainfield; J. S. Green, Elizabeth, and W. J. Lamson, Summit

A reception was held in the Morristown Memorial Hospital, from four till six P. M., with a large attendance. After a social session, those present were escorted through the hospital to inspect its different departments, when all expressed commendation of the general equipment and especially of the new wing added recently.

The members and guests then assembled at St. Peter's parish house and enjoyed an informal banquet, after which the regular session was called to order by Vice-President L. K. Henschel, M. D., in the absence of President Henriques who could not be present. All the other officers and most of the members were present.

Dr. Henschel, introduced Dr. Abraham

"A considerable number of the Practitioners of Physic and Surgery in East New Jersey, having agreed to form a Society for the mutual improvement, the advancement of the profession and promotion of the public good, and desirous of extending as much as possible the usefulness of the scheme, and of cultivating the utmost harmony and friendship with their brethren, hereby request and invite every gentleman of the profession in the province, that may approve of their design, to attend their first meeting which will be held at Mr. Duff's, in the city of New Brunswick, on Wednesday the 23rd of July, at which time and place the Constitution and Regulations of the Society are to be settled and subscribed."

In accordance with this notice sixteen physicians of the province met together on the stated date at New Brunswick and instituted the New Jersey Medical Society.



This society was the first society of the kind established in the colonies.

True it is that there is evidence of a society of physicians in Boston having existed as early as 1736, of a similar society existing in New York in 1749, and also one at Philadelphia prior to the formation of the New Jersey Medical Society at New Brunswick July 27th, 1766. However, these were associations of local physicians, and not regularly incorporated institutions, and surely embracing a province.

The New Jersey Medical Society held annual and semi-annual meetings till 1775 at which time it was interrupted by war with England. After the Revolutionary hostilities had closed, it again reassembled in 1781 and held its regular meetings till 1795 when it seems to have suspended sessions till 1807; from which time the society has been continuously in existence, holding its meetings without interruption with all the minutes from that date properly preserved.

Till 1816 the New Jersey Medical Society was purely a provincial or State society and not constituted by delegations from component societies.

The old charter of the society having expired, at a regular meeting of the New Jersey Medical Society held at New Brunswick June 14th, 1814, it was "Resolved that a committee of seven persons be appointed, whose duty it shall be to draw a respectful memorial to the Legislature of this State, soliciting the passage and adoption of the bill entitled 'An act to incorporate medical societies' for the purpose of regulating the practice of physic and surgery in the State of New Jersey."

At the regular stated meeting of the society held at New Brunswick June 13th, 1815, the committee appointed at the last meeting to wait on the Legislature made its report, which was read and adopted. The petition accordingly was duly presented to the Legislature, and was passed February 16th, 1816.

This bill incorporated "Article Third" which pertained to the formation of district or county societies, which reads as follows: "And be it enacted that said medical society, at their first general meeting held after the passing of this act, or as soon thereafter as may be judged expedient, shall appoint not less than three physicians and surgeons of known skill, learning and integrity in each county of this State who shall respectively meet at the county town in each of the different counties of this State, where-

in they shall severally reside at such time or times as may be assigned, and of which due notice shall be given by the medical society, and then and there the said physicians and surgeons shall form themselves into a society to be called '*The District Medical Society*,' for the county of —in the State of New Jersey, and being so convened, and not less than three in number, the aforesaid societies are respectfully authorized to elect president, vice-president, secretary and treasurer, if *regularly licensed*, and of *good character*; also appoint times and places of holding their subsequent meetings as they shall deem proper, and make all such by-laws and regulations as may be deemed necessary for the management of their concerns; providing the same be not contrary to any of the laws and regulations of the Medical Society of New Jersey, or to any law of the State or of the United States or to the constitution of either of the same."

Article 4 reads in part, "And be it enacted that from and after the district societies shall have formed themselves under the regulations prescribed in the third section of this act, and public notice given thereof, no person shall be allowed to commence the practice of physic or surgery within either of the counties of this State until he shall have passed an examination and received a certificate from the examiners of the District Medical Societies of the State hereby incorporated."

I might say here, that owing to the scarcity of medical schools, and of medical text books and literature at that period, it was not required of one desiring to practice medicine, to have graduated at a medical college to attain sufficient training to enter the practice of medicine. One desiring to enter the profession was required to make application to and enter the office of any regular practicing physician of good repute who became his preceptor. The application was vouched for by his preceptor, which voucher was at the time deposited with the secretary of the District Medical Society wherein he resided. After the student had spent four years in pursuing his studies agreeably and to the satisfaction of his preceptor he was allowed to appear before the Board of Examiners or Censors of the District Medical Society of his county. If the result of his examination was satisfactory he was allowed a license or certificate to enter the duties of a physician and surgeon.

"At the next regular meeting of the society convened at New Brunswick, held on



the first Tuesday in May, 1816, agreeably to the act passed at Trenton February, 1816, a motion was made and carried to proceed to the appointing of county or district societies in the counties of Middlesex, Somerset, Monmouth, Essex and Morris."

Those appointed to organize the Morris District Medical Society were Doctors Lewis Condit, Ebenezer Pierson, Charles E. Pierson, John B. Johnes, William Canfield, John Dorsey and Jephtha B. Munn, to meet at Morristown Court House on the second Tuesday in June, 1816, at ten A. M.

The following are the minutes in full of the first meeting of the Morris District Society and also of the first adjourned meeting:

"Morristown, June 11th, 1816.

"In conformity to an appointment of the New Jersey Medical Society convened at New Brunswick on the 14th day of May last a number of physicians assembled at Morristown, agreeably to public notice, on the 11th inst. to organize a District Medical Society for the County of Morris, when the following officers were appointed: Dr. Louis Condit, president; Dr. Jephtha B. Munn, vice-president; Dr. Charles E. Pierson, treasurer; and Dr. John B. Johnes, secretary. Drs. Joseph Hedges, Hampton Dunham and William Pierson were admitted members of the society.

"Resolved, that Doctor Ebenezer H. Pierson, Lewis Condit and Charles E. Pierson be appointed a committee to draft rules and regulations for the government of the society.

"Resolved, that the society adjourn to meet again at C. Swazie's Tavern in Morristown on the first Tuesday of July next at three o'clock P. M., and that the secretary be instructed to invite all regular licensed practitioners of physic and surgery of the County of Morris to attend said adjourned meeting."

"Morristown, July 2nd, 1816.

"At a meeting of the District Medical Society of the County of Morris according to an adjournment, Doctor Lewis Condit took the chair.

"Doctors Ebenezer Woodruff, Absalom Woodruff and Stephen Fairchild were admitted as members of the society.

"Resolved, that the report of the committee for forming rules and regulations for the government of the society be accepted.

"A letter was read before the society from Doctor William McKissack, the secretary of the New Jersey Medical Society, informing the society that the following

gentlemen were nominated as censors or examiners for the District Medical Society of the County of Morris by the Board of Managers of the New Jersey Medical Society, viz., Doctors Lewis Condit, Ebenezer H. Pierson, Charles E. Pierson, John Johnes and William Canfield.

"Resolved, that the presiding officer shall have the privilege of inviting any regular practitioner of medicine who is not a member to attend any stated or occasional meeting of the society.

Resolved, that Doctors J. B. Munn, John Darcy and Ebenezer H. Pierson be appointed to prepare a *fee bill* and report at the next meeting of the society.

"Resolved, that Dr. Charles E. Pierson be appointed to undergo an examination on the disease called pneumonia typhoides at the next meeting of the society.

"Resolved, that Doctors John B. Johnes and Hampton Dunham be appointed a committee to report to the society a statement of meteorological observations and a history of the prevailing diseases, and the modes of cures, and report to the society at next meeting.

"Resolved, that Doctors William Canfield and John B. Johnes be appointed a committee to publish such parts of the by-laws and proceedings of the society as they may deem expedient.

"Resolved, that the secretary publish the time and place of meeting of the society two weeks previous to the meeting thereof.

"Resolved, that the society adjourn to meet again on the third Tuesday in December next at C. Swazie's Tavern, Morristown, at ten o'clock A. M."

I have been unable to find a copy of the by-laws the society subsequently adopted or of the bill of fees, both of which would have been interesting documents to-day had they been preserved. However, one feature of the rules may be observed through perusal of the well kept minutes, wherein frequent references to and excuses from fines occur.

The State Society under the charter of 1816 was controlled by fourteen "managers" who were elected to transact all the business of the society, not less than nine of whom constituted a quorum.

The managers so elected were authorized to choose the president, secretary and treasurer and such officers as they deemed necessary, to prescribe their duties and fix their compensations, and make such by-laws and regulations as they thought proper. In other words, it was an absolutely close cor-

poration. The delegates voted for the managers, the managers did the rest.

One can readily understand how such an order of affairs could not satisfactorily exist for any length of time; consequently this was changed in 1818 by the passage of a *supplement* to the act of 1816, "Section One," of which was as follows: "Be it enacted by the Council and General Assembly of State, and *it is hereby enacted by the authority* of the same that the Medical Society of New Jersey shall hereafter be composed of four delegates chosen by and from each of the district societies which now are or may be hereafter formed in the respective counties of the State." The supplement thus creating the State Medical Society, a society of delegates, was more acceptable to the district societies and the profession at large.

Morris District Society was by this time, 1818, well established, the minutes showing a fair increase of membership, new members being admitted every meeting. The censors also began to get busy:

"Morristown, July 9th, 1818.

"At a stated meeting of the District Medical Society of Morris the president, Dr. Condict, took the chair.

"An address was delivered on the subject of Epilepsy.

"Doctor John Leddle was admitted a member of the society.

"Resolved, that the delegates appointed to attend the Medical Society of the State of New Jersey shall be a standing committee for one year.

"Resolved, that this society shall pay to the Medical Society of the State of New Jersey the sum of four dollars annually.

"Mr. Winthrop Loot, after being examined by the censors before the society was granted a certificate, being entitled to a license to practice physics in the State of New Jersey.

"Dr. Wm. A. Whitley was appointed to undergo examination on the disease called hydrocephalus inturnus.

"Doctors Absolum Woodruff and John B. Johnes were appointed a committee to report a history of the prevailing diseases of the season and methods of cure.

"The society then proceeded to the election of officers and adjourned to meet in December."

At the meeting held July 6th, 1819, William Jacob, D. G. McDonald and Mr. Stephen Hedges were examined before the society and granted certificates to practice medicine.

At the next meeting December 21st, 1819, William Pitney passed satisfactory examination before the society.

At the meeting July 1st, 1820, Samuel Burr gave satisfactorily evidence of his qualifications to practice physic and surgery and was granted a certificate.

Just to show that every candidate did not pass, Grant W. Tunnis appeared before the board at the meeting held October 18th, 1820, and after a fair and impartial hearing the censors decided that the examination was unsatisfactory and the candidate was advised to continue his studies.

At the October meeting, 1821, a committee consisting of Doctors Munn, Whippley and Johnes was appointed to devise plans to procure a better attendance of members. The roll call at this date embraced sixteen members, seldom more than one-third were present to answer the call.

At a subsequent meeting held April 3rd, 1822, the committee submitted the following report, which was adopted: "The committee appointed to devise a plan to secure a more punctual attendance of the members of the society recommend that the fine of two dollars be strictly adhered to; that professional business shall not be deemed a sufficient cause for non-attendance at the meetings of the society, and that the members of the society dine together, and that the bill be paid out of the funds of the society."

This seems to be a brilliant rider, practically those attending the society were to dine at the expense of the absentees. Let us see how it worked out. The minutes of the following meeting read as follows:

"At the semi-annual meeting of the District Medical Society held at Lewis Hayden's, October 23rd, 1822, the members present were Doctors Hedges, Fairchilds and Johns. The president and vice-president being absent, Dr. Hedges was appointed president pro tem.

"After dining together and passing most of the day waiting for other members to appear they adjourned to meet again the first Wednesday in April next."

Imagine those three gentlemen seated around the festal board filled perhaps with social mirth at the expense of absent brethren. One can readily picture how joyously they toasted the absentees.

The success of this meeting must have spread widely abroad, for at the next one a goodly number were present, a feature attending most future meetings, till the early



fifties, when attendance again began to fall off.

At the meeting held April 14th, 1857, a quorum was not present and an adjourned meeting was called for April 18th.

At this meeting the officers for the ensuing year were duly elected as were the delegates to the State Society and also to the American Medical Association. This was the last meeting held by the society till its reorganization in 1873. The cause of the omission of meetings does not appear. Surely it had been a very creditable and useful society as its well kept minutes would indicate, accomplishing much good for the profession, bravely fighting all kinds of quackery and charlatanism, existing so abundantly in those early days.

The minutes of the State Society show that the Morris District Society had been represented at all its gatherings save one.

The New Jersey State Society up to this date had twice honored the Morris District with its presidency in the person of Dr. Lewis Condict who became a fellow in 1819 and Dr. Jephtha B. Munn who is recorded a fellow in the year 1828. Dr. Lewis Condict had also served as president of the State Society under the old charter prior to 1816. The following is a brief account of Doctor Lewis Condict, who was elected by the founders the first president of Morris District Society. The account is taken from Dr. Stephen Wickes' History of Medicine, published in 1879:

#### LEWIS CONDUCT.

Son of Ebenezer, and a decendent of John of Newark, 1690. He was born in Morristown March 3rd, 1773, and died there in his ninetieth year, May 26th, 1862. His early academic training was limited, as he commenced the study of medicine in his fourteenth year with Dr. Timothy Johnes, of his native town. He subsequently attended lectures at the University of Pennsylvania and received his medical honors in 1794. He immediately began practice in Morristown, where he continued to reside till his death. In 1798 he married Martha, daughter of Rev. Nathaniel Woodhull, of New Town, Long Island. He soon acquired popularity as a physician and became active as a public man.

"In 1805 he was elected a member of the Assembly to which he was returned year by year till 1811 when he was elected to Congress, serving three consecutive terms. While in Washington he was associated with Clay, Madison, Randolph, and others in the formation of the Colonization Society. In

1827 he was made a trustee of Princeton College and served as such till 1861 when he resigned on account of the infirmities of age. In 1838 he was again a member of the State Legislature, and was one of a commission to settle the boundary line between New York and New Jersey.

"The responsibilities of political station did not diminish his interest in his profession. He was industrious and enthusiastic in efforts for its advancement. In 1819 he was elected president of the State Society, and till a few years of his death was a constant attendant upon its meetings.

"Thus we reflect upon the busy and distinguished life of a man who was the first president of this society."

#### Of the founders

##### DR. WILLIAM CAMPFIELD

Son of Jabez, was a graduate of Princeton in 1784, was elected a member of the society in 1788, was a distinguished physician of Morristown, as was also his father.

He was captain of the Morris Squadron of New Jersey Cavalry from 1798 to 1807. He was a gentleman of much culture and high intellect and said to be a very brilliant man. He married a daughter of Samuel Tuttle, whose family was one of the most cultivated and aristocratic in Morris County. He died in 1824.

The old family mansion in Morristown I am informed is still standing and is almost equally historic with Washington headquarters.

##### DR. JOHN DARCY

Son of Patrick Darcy, was born in Cumberland County October 11th, 1760. He began the study of medicine with Dr. Jabez Campfield of Morristown, father of Dr. William. Early in the war of 1776 he enlisted in the army and was commissioned surgeon's mate. The regiment with which he was connected was under the immediate command of General Washington.

After the war he settled in Hanover, Morris County, where he pursued the practice of medicine as long as his health permitted. He was a skillful physician and an eminent surgeon. He was often called at great distances to perform important operations; and his practice extended over a great extent of country. He died February 13th, 1822.

##### DR. JOHN B. JOHNES

Was the son of Dr. Timothy Johnes. He was born in Morristown, studied medicine with his father. He practiced his profession in Morristown all his life. He enjoyed

an excellent reputation as a physician and died in 1863.

#### EBENEZER H. PIERSON

Was a native of Morristown; a son of Aaron. He graduated at the College of New Jersey in 1791. Married in 1794 Phebe, daughter of Abraham Canfield.

He practiced medicine in Morristown for a number of years and enjoyed a large and profitable practice. He afterwards removed to Cincinnati where he died in 1821.

Of Dr. Charles Pierson and of Dr. Jephtha B. Munn, two of the founders, I have been unable to obtain any data except that they both practiced their profession at Morristown.

Morris District Medical Society was reorganized at Morristown December 31st, 1873. It was brought about I am informed through strenuous efforts of Doctors John G. Ryerson, of Boonton, I. W. Condit of Dover, P. A. Harris now of Paterson, and Fred W. Owen of Morristown.

Doctor John Stiger, of Mendham, was elected president; Dr. Fred W. Owen treasurer; and Dr. Stephen Pierson, secretary.

Those who signed the constitution at the time of its reorganization were Doctors John Stiger, of Mendham, P. C. Barker and Stephen Pierson, of Morristown; Philander A. Harris, of Mine Hill, Daniel A. Ayers, of Rockaway; F. W. Miller, of Whippany; Henry Hulshizer, of Port Oram; John G. Ryerson, of Boonton, J. B. Mattison, of Chester; F. F. Saunders, of Morristown; John Richies, of Succasunna Plains; Amasa A. MacWilhey, of Pompton; George C. Cummings, of Dover; Fred Wooster Owen, Morristown; Charles D. V. Romondt, Pompton Plains; Calvin Anderson, Madison; J. W. Condit, Dover; L. H. Stiger, Mendham; T. R. Crittenden, Dover; Leonard Bright, of Woodport, and S. H. Reed of Madison. Twenty-two in number. Of these all but three have "passed on" and gone to their reward. Doctors Owen, Harris and Romondt alone are left to tell by words of mouth the events of that meeting of 1873.

Morris District Society has been very successful since its reorganization. Its meetings have been well attended and always interesting and instructive. Its "roll call" has increased from twenty-two to sixty-two, and its professional enthusiasm will compare favorably with other district societies of the State.

Twice it has been honored by the State Society in the selection of its president. Dr. P. C. Barker of Morristown in the year

1884 who commanded the confidence, love and respect of all who knew him, and in 1893 Dr. John G. Ryerson of Boonton—the untiring worker—to whom this society owes much and to whom in the early days of reorganization it looked constantly for guidance and advice.

Dr. Ryerson was *always* present at the meetings of this society, taking an active part, till the infirmities of age prevented him from attending our evening sessions. It is also said of him that he attended every meeting of the State Society from the reorganization of this society and *always in an official character* of some kind.

And now, gentlemen, I congratulate you upon this centennial of Morris District Society, and trust you may have reminiscences to relate more interesting and entertaining than my plain compilation of historical dates and facts.

### Morris County Centennial.

Celebration at the 150th Anniversary Meeting of the State Society at Asbury Park, June 22, 1916.

President Chandler: In the absence of Dr. Henriques, president of the Morris County Society, Dr. Louis K. Henschell, vice-president of that society, will preside.

Dr. Henschell: I wish to congratulate the State Society on its 150th anniversary and the other county societies that are celebrating their centennials here to-day. The first paper that will be presented is the historical sketch by Dr. A. E. Carpenter, of Boonton.

Dr. Britton D. Evans, Greystone Park, said that Dr. Carpenter had kindly agreed to give way to him, as he was obliged to leave soon, but he did not propose to consume the time it would take to read his lengthy paper which relates to the organization of the State Hospital for the Insane at Morris Plains. He would send it to Dr. English for publication in the Journal. (We have not received this paper as the Journal goes to press, but we give here an abstract of what Dr. Evans has already published in the Psychogram—the new periodical issued by him at the hospital—Editor). For this abstract see page 412.

Dr. Carpenter then read his paper which we have already inserted on preceding pages as delivered at the county society's celebration in Morristown.

Dr. E. Moore Fisher, Greystone Park,



was then introduced and gave the following account of some of the hospitals in Morris County:

#### HOSPITAL IN MORRIS COUNTY.

Not being in any way associated with either of the two hospitals about which these accounts are written, the information had to be obtained from their reports and facts given by others. For this reason the accounts may not be so complete as some members of the staff might have written. Before suggesting that some reference to these hospitals be made by the reporter of the Morris County Medical Society, Dr. English and others tried to have members of the staffs of both these hospitals promise to prepare and read here an account of their growth and activities without success.

#### MORRISTOWN & MEMORIAL HOSPITAL.

It has not been possible, as yet, to find exactly who were the first to take an active part in the establishment of the Morristown Memorial Hospital other than the fact of the first endowment and the doctors who were principally responsible therefor.

The Morristown Memorial Hospital was incorporated on November 19, 1892, and was opened for patients on October 17, 1893. The hospital was rendered possible by a bequest from Miss Myra M. B. Brookfield which the late Dr. C. P. Barker, Dr. A. A. Lewis and Dr. G. A. Becker were largely instrumental in obtaining. The house first used had been the residence of Dr. John B. Johnes, a founder of the Morris County Medical Society.

The main building, known as "The Anna Margaret Home for Convalescents" was built as a memorial by the husband and children of Mrs. George G. Kip. It was opened on September 10, 1898. On the first floor is a meeting room for the directors, a staff room, superintendent's office, general office, nurses' dining room and kitchen.

The principal operating room, together with anesthetic room and sterilizing rooms, are on the third floor of this building which also contains a number of rooms for private patients.

A fully-equipped X-ray department with a machine of latest kind, developing room and a room fitted up for showing X-ray pictures has been established in the basement of this building.

A sun dial was erected on the grounds near the entrance to mark the spot where George Washington took communion when stationed near Morristown. "The Stone Memorial" given by the late Mrs. George

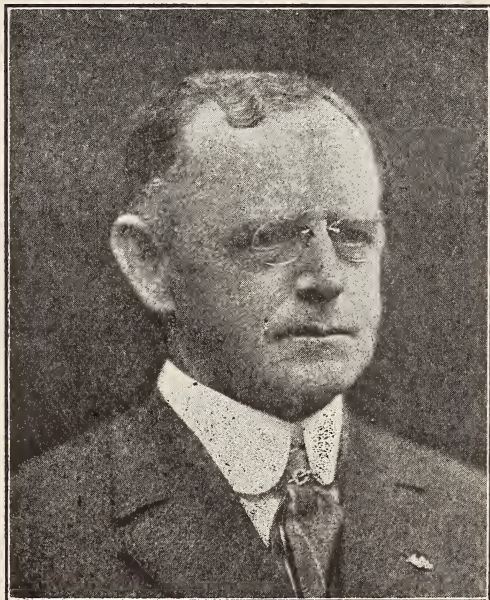
F. Stone on May 2, 1908, consists of ground and buildings for a Nurses' Home.

The Barker Pavilion for contagious diseases was opened shortly after the hospital's inception and is situated at the rear of the main building and contains observation rooms and wards for patients with scarlet fever and diphtheria.

The west wing was opened in February, 1909, and has four wards, two of each for surgical and medical patients, together with private rooms and sun parlors and an emergency operating room for urgent and outdoor cases. The children's ward is situated in this wing.

On June 14, 1916, the day after an inspection by the members of the Morris County Medical Society and their guests a new wing was opened. This has on the first floor a fully equipped operating room for diseases of the eye, ear, nose and throat, a laboratory with the necessary re-agents for research and pathological work and a number of private rooms. The second floor is prepared for obstetrical cases.

The hospital now contains about 100 beds.



GUSTAV A. BECKER, M. D.

Dr. Gustav A. Becker, president of the medical board, has been associated with the hospital since its opening. Mr. John E. Taylor who died in 1914 had been president of the board of directors since the opening until his death.

Dr. F. W. Owen was active in the hospital's affairs and since his retirement from

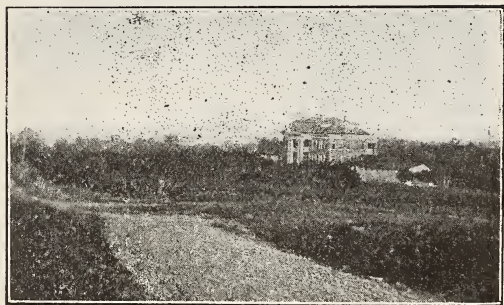
active practice has been an honorary member of the medical staff.

This is a private hospital governed by a self-perpetuating board of directors, the first of whom were named by Miss Brookfield in her will, and is not open to other physicians than those appointed by this board, except by courtesy. Any physician may have a patient admitted if he vouches it to be a hospital case. Most of the older physicians in Morristown and the surrounding country are on the staff. Morristown does not aid the hospital but the county of Morris allows \$1,000 yearly to it as to the other hospitals in the county. A great many persons are cared for who are not able to recompense the hospital in any way.

Dr. Horn will present the sketch of All Souls' Hospital. See page 413.

#### MORRIS COUNTY TUBERCULOSIS HOSPITAL.

The need for the Morris County Tuberculosis Hospital had been seen together with similar needs in other counties for a long time before its erection. Glen Gorden has been an institution with the best of results but incipient cases are among the majority admitted. The State legislature in 1912 made it compulsory by law that the



Morris County Tuberculosis Hospital.

various counties should erect and maintain hospitals for the tubercular who might be a menace to others, due to a lack of hygienic education or whose means did not allow of proper care and nursing at their homes. Long before this Dr. H. A. Henriques and Dr. Clifford Mills had striven to arouse public sentiment in Morristown in an endeavor to open a hospital for the poorer classes suffering with tuberculosis; their efforts, however, did not meet with success.

However, as soon as the above law was placed on the statute books these physicians aided by the other members of the Morris County Medical Society immediately began to solicit the freeholders to build the necessary hospital. After a great many sites

had been rejected the State Board of Health allowed a hospital to be built about three miles from Morristown Plains. Of the original five members of the board to oversee the hospital, three were physicians, Dr. H. A. Henriques, Morristown; Dr. A. E. Carpenter, Boonton, and Dr. A. F. Carroll. Dr. Henriques has been president of the board since that time, and Dr. Carpenter is still connected with the hospital.

The building was opened May 1, 1914, and contains accommodations for twenty-four patients, ten in the center where the new admissions are received and those most ill cared for, and for seven patients in each wing where open air treatment is provided.

Dr. Haven, Morristown, has been for the past year attending physician, visiting the hospital as often as necessary, examining new patients and directing the treatment given.

#### N. J. STATE HOSPITAL, MORRIS PLAINS.

##### ABSTRACT OF DR. EVAN'S SKETCH.

An act, to provide additional accommodation for the insane of this State, was approved by the Governor, March 31, 1871. Commissioners were appointed to select and purchase a site in the northern part of the State and there erect another State hospital. The present site was selected and the commissioners, after careful examination in consultation with experts—Drs. T. S. Kirkbride and D. T. Brown—adopted plans for the building as submitted by Samuel Sloan, of Philadelphia, modified later by suggestions made by Dr. H. A. Buttolph.

The main building was opened August 17, 1876. The central section, seven stories high, contains the executive offices, reception rooms, the patients' and medical libraries, the chapel and amusement hall, the electrotherapeutic department and a special clinical room for eye, ear, nose and throat diseases. The north and south wings of this building are four stories high, arranged in tiers. The entire building contains nearly ten acres of floor space; its length is 1,243 feet, and the central portion is 542 feet deep. In the rear of the main building is a substantial structure which contains the boiler house, dynamo-room, refrigerating and artificial ice plants, carpenter, machine and mattress shops, kitchen and bakery.

When the hospital was opened, August 17, 1876, the first patients to be admitted were transferred from the State hospital



at Trenton, 292 in all. During the first year ending October 31, 1876, there were fifty-four new patients admitted for treatment. At the close of the last hospital year, October 31, 1915, 12,794 patients had been admitted, 6,604 men and 6,193 women; 10,128 of these patients had been discharged. On June 1, 1916, there were 2,735 patients—1,372 men and 1,363 women. The average yearly increase in population the past ten years has been over one hundred patients.

The first superintendent of the hospital was Horace A. Buttolph, M. D., L. D. He was born in Dutchess County, N. Y., April 6, 1815. He received his collegiate professional training at the Berkshire (Mass.) Medical College, graduating therefrom in 1836; began practice in Dutchess County a short time; then practiced five years at Sharon, Conn.; went to New York and attended a course of medical lectures in the University, when he became deeply interested in mental science and the treatment of mental diseases. In 1842 he was appointed first assistant to Dr. Brigham at the Asylum at Utica, N. Y., until 1847 when he was elected superintendent of the New Jersey State Lunatic Asylum at Trenton, but before entering upon the work he went abroad to thoroughly investigate institutional management and methods of treatment in insane hospitals in Great Britain, France and Germany. After twenty-five years of service in the Trenton hospital he resigned in 1876 to become superintendent of the State Hospital at Morris Plains. Largely on account of the friction and discord resulting from the adoption of the dual management, Dr. Buttolph severed his relations with the hospital on January 1, 1885, and took up his residence at Short Hills, N. J., where he died a few months later. The degree of LL. D. was conferred upon him in 1870 by Princeton University.

We cannot longer delay the issue of the Journal in order to get reply to our applications for the later historical data concerning this hospital. We may be able to give it in a later issue. It is eminently proper to report the excellent work of Drs. H. Crittenden Harris and Britton D. Evans, who served, after Dr. Buttolph resigned, as medical directors; the former for a few years and the latter for many years and who still serves with great ability.

We would refer our readers to Dr. E. Moore Fisher's abstract of the able address

delivered by Prof. Howard A. Kelly on "Modern Ideas of Cancer," at the Morris County Society's celebration of its centennial, June 13, 1916, which appeared on page 359 of the July Journal.—Editor.

#### ALL SOULS' HOSPITAL, MORRISTOWN.

In the center of the city of Morristown there stood some years ago an old Colonial building, part of which was known as the Arnold Tavern and which for several months sheltered General Washington and his chiefs of staff and became in 1777 his first headquarters. This four-story building gloried in its Revolutionary reminiscences. Within its historic corridors could be heard the rattling of sabre and noise of spur. Its ballroom re-echoed the strains of the minuet, while fair ladies marked time with graceful bows and rhythmic movements.

One hundred and fourteen years later, in 1891, after having been moved from the Green to Mt. Kemble avenue, this old mansion opened its doors to the public as the first hospital of Morristown, established by The Very Reverend Dean Flynn, pastor of the Parish of St. Margaret. He gathered round him co-workers from the parishes of Morris and Sussex counties.

Its first president was Paul Revere; vice-president, Francis Kluxon; recording secretary, Rev. J. H. Brady; corresponding secretary, R. J. Hayes; treasurer, Eugene Burke.

The object of this association "was to assist the Sisters of Charity, known as the "gray nuns," to establish and maintain in Morristown, New Jersey, an institution for the care of the diseased, disabled, the infirm and for such other charitable work as may be approved by the Board of Managers." For the past twenty-five years the hospital has served the people efficiently and faithfully.

From the beginning its medical and surgical staffs have consisted of able men, some of whom have since gone to their reward and others are still with us.

Drs. Calvin Anderson, O'Reilly, Stephen Pierson, H. A. Henriques, M. Carrel, H. M. O'Reilly, J. B. Griswold, Clifford Mills, Harry Vaughan, F. H. Glazebrook, S. C. Haven, G. H. Lathrop, Cossit, E. B. Sutphen.

Its consultants consisted of such distinguished men as Drs. Edward J. Ill, Charles Ill, Halsted, Parker Syme, T. Y. Sutphen.

For a quarter of a century the hospital thrived until it outgrew its capacity, and plans were laid and matured and the needed funds raised by public subscription to erect a new, larger, fireproof hospital of brick, terra cotta and granite.

The new building with accommodations for over one hundred patients will be ready for occupancy by January, 1917. It is being built on the site of Mt. St. Michael's Sanatorium right across from the present hospital. Its view is unsurpassed in Northern Jersey.

The building is 170 feet long, 40 feet deep and four stories high. The ground floor consists of administration offices, reception rooms, staff rooms, emergency operating room, and rooms for eye, ear, nose and throat and male medical and surgical wards. The second floor accommodates the women's medical and surgical wards, and children's ward, obstetrical rooms, operating rooms and nursery. The third floor is reserved for private patients. Adjoining and on either side of each floor are two large solariums, quiet rooms. The fourth floor is devoted to the main operating pavilion, sterilizing and instrument rooms, doctors, dressing rooms, anæsthetic and recovery rooms. On this floor provision is made for adequate X-ray laboratory and waiting room. The basement is provided with up-to-date pathological laboratories.

The present medical board consists of: Dr. George Stuart Willis, medical staff; Dr. James Frederick Horn, medical staff; Dr. A. B. Coultas, surgical staff; Dr. W. H. Lawrence, surgical staff; Dr. L. L. Mial, eye, ear, nose, throat; Dr. Britton D. also a pathologist.

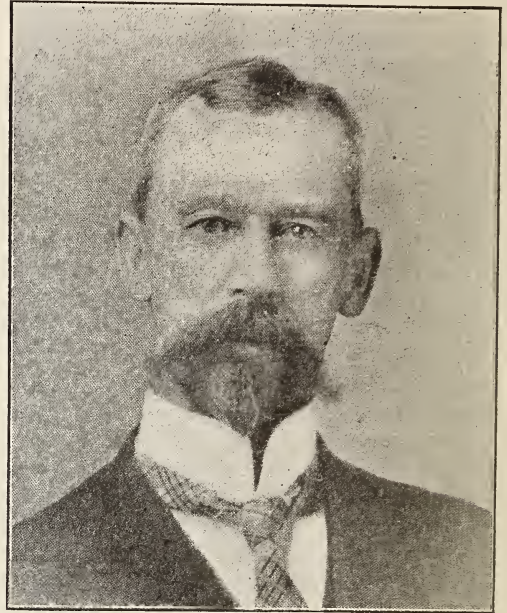
The hospital has a resident physician and also a pathologist:

During the year we treated: 327 medical cases, 345 surgical cases, 91 gynecological cases, 127 eye, ear, nose, throat cases, 44 obstetrical cases. We had 524 operations as follows: 217 general, 89 gynecology, 114 eye, ear, nose, throat, 4 obstetrical. We made 109 X-ray examinations, 72 ambulance calls. Our mortality was 3.8%.

Dr. Henschell said: There is another hospital in Morris County that started in January in Dover, with twenty beds, which is doing a very good work. In closing he said that it was now twenty-five years since Morris County had been honored by the State Society by the election of one of its members to a prominent official position.

## MONMOUTH COUNTY SOCIETY.

The Monmouth County Medical Society held no celebration in that county and the account given below is that of its observance of its centennial at the meeting of the State Society at Asbury Park, June 22, 1916.



EDWIN FIELD, M. D.

Dr. Edwin Field, the president of the Monmouth County Society, was unavoidably detained by professional work at home and therefore could not preside. President Chandler therefore presided.

Dr. H. S. Brown, Freehold, stated that arrangements had been made for a presentation of Monmouth County Society's history; that it was in the hands of the society's secretary, who is not present. He suggested that Dr. English should address the meeting on the Monmouth County Society history as he was acquainted with its work—two of the original organizers of that society appointed by the State Society in 1816, were connected with his family.

Dr. D. C. English said: I am not prepared to speak for the Monmouth County Society and I believe there is a paper prepared by its president, who doubtless supposed that county's presentation would be the last one called for this morning, for while the date for its organization was fixed by the State Society for June 4th for some unknown reason, the society was not organized until the latter part of July, 1816.



I suggest that we hear from Dr. Welch, of Passaic, who formerly lived for many years in Monmouth County, and if needed, I may add something later but I think we shall have Dr. Field's paper a little later.

The president called on Dr. George T. Welch for an address.

Dr. David C. English then said: Mr. President, Dr. Field has just sent me his historical sketch asking me to read it and to express his deep regret that he cannot be here to do so himself. I do so with the greatest pleasure for my remembrance of Monmouth County in the years gone by is very vivid and precious. The old ancestral home of our family was at Englishtown and there are names of many of the early, able physicians of that county that I recall, memories of whom are very dear to me. It makes this an occasion of peculiar interest to me. He then read the following:

#### DR. FIELD'S HISTORICAL ADDRESS.

There is a difference in the records of the organization of this society, the State Society records gives the date as June 3rd, 1816, the society minute book July 24th, 1816.

The following is the minute book:

In conformity to a nomination by the Medical Society of the State of New Jersey assembled at New Brunswick on the second Tuesday in May, 1816, for the purpose of organizing themselves and establishing District Medical Societies under the authority of an act of incorporation by the Legislature of said State, bearing date 15th of February, 1816, the following physicians convened at Monmouth Court House on the 24th of July, 1816, for the purpose of forming a District Medical Society for that county, viz.: Drs. Edward Taylor, William G. Reynolds, Samuel Forman, Jacobus Hubbard.

Dr. William G. Reynolds was chosen president; Edward Taylor, vice-president; Samuel Forman, secretary.

They proceeded to business and formed a code of laws and regulations for their future government under which they acted for several years and admitted Drs. Edmund W. Allen, David Forman and Gilbert S. Woodhull to all the privileges of membership. During this period, the Medical Society of New Jersey deemed it expedient to alter and amend their constitution which has contravened some of the laws of this society and made alterations requisite in consequence of which a resolution was adopted at the annual meeting on the 7th of June, 1819, that a committee of three

members be appointed to make the necessary alterations and report the same at the next annual meeting. Whereupon Drs. Reynolds, Woodhull and S. Forman were appointed for that purpose. They also appointed their delegates, viz.: Drs. Reynolds, David Forman, G. S. Woodhull and S. Forman to meet the New Jersey Medical Society at their next annual meetings.

They then proceeded to the appointment of officers for the ensuing year, whereupon Dr. Edward Taylor was appointed president; Edmund W. Allen, vice-president; Jacobus Hubbard, treasurer; Samuel Forman secretary.

The society adjourned to meet again in the village of Freehold on the last Monday in April next at ten o'clock A. M.—Samuel Forman, secretary.

We see by our minutes that the society was organized on July 24th, 1816, with four members—Drs. Taylor, Reynolds, S. Forman and Hubbard. In the interval between 1816 and 1819 three members were added, Drs. Allen, D. Forman and Woodhull.

At a meeting at Burk's Hotel, Freehold (the meeting at hotels and taverns seems to have been very popular, and has become a confirmed habit as we still meet at hotels) on April 24th, 1820, Drs. Lewis and W. Forman joined the society increasing the membership to nine. At this meeting the constitution and by-laws were revised and amended, as the minutes of that date show.

We also note the following resolution: "Resolved, That each of the delegates who attend the New Jersey Medical Society shall receive one dollar for every attendance on that body." On October 29th, 1821, this sum was raised to two dollars and a fine of five dollars imposed on the president or vice-president who shall neglect to deliver an address at the opening of the meetings.

Dr. James H. Baldwin and David Forman, Jr., joined at this meeting.

Of the seven members who formed the society in 1819, Dr. Edward Taylor practiced in Middletown township; he had two sons physicians that served in the Civil war, Dr. Remsen Taylor was Colonel of the Twenty-ninth, New Jersey.

Dr. Edward F. Taylor enlisted as surgeon at the beginning of the war, was captured at the first battle of Bull-Run and was the first officer taken to the City of Richmond; while in the railroad station at that place the buttons were removed from his coat as Yankee souvenirs. He was afterward visiting surgeon at Monmouth Memorial Hospital

Dr. Jacobus Hubbard lived at Tinton Falls, Shrewsbury township; he served as surgeon in the First Regiment of Monmouth during the Revolutionary war.

We do not know where Dr. Reynolds resided at Middletown Point; Dr. S. Forman practiced in Middletown township; Dr. Edmund W. Allen lived in Shrewsbury township; Dr. David Forman, Dr. David Forman, Jr., and Dr. Woodhull lived and practiced in Freehold township.

Pursuant to adjournment the society met at Burk's Hotel in the village of Freehold on the 24th of April, 1820.

There were present: Drs. Edward Taylor, president; Jacobus Hubbard, treasurer; Samuel Forman, secretary; Gilbert S. Woodhull, William G. Reynolds. Absent: Drs. E. W. Allen, vice-president; D. Forman.

The meeting was opened and the president delivered a dissertation on the causes and Treatment of Pneumonic Inflammation. Dr. John P. Lewis presented himself a candidate for membership, and having complied with the regulations of the society was ballotted for and unanimously elected.

A committee was appointed to settle the treasurer's accounts who reported a balance of thirty-five dollars of good money and four of bad in the treasurer's hands.

The report of the committee that was appointed at the last meeting to revise and amend the constitution was taken up, read in the whole, then by sections, and unanimously adopted in the following form, viz.:

The society seems to have been unfortunate in its collections, as we again note on October 29th, 1821, in an examination of the treasurer's accounts there was found a balance of forty-eight dollars in good money and thirteen dollars in bad money.

In 1833 the membership had increased to twenty, and a resolution was passed at that time that all members sign the constitution and by-laws or be dropped from the rolls.

The list of members continues until the present day, and on it appear the names of many physicians who have become prominent descendants, such as Forman, Taylor, Reynolds, Baldwin, Cooke, English, Vought, Newell, Hunt, Mitchell, Welch and many others.

The society membership at the present time is fifty.

There is another active medical organization in Monmouth County with a membership of thirty-four, known as The Practitioners' Society of Eastern Monmouth.

They meet monthly and hold their meet-

ings at the Monmouth Memorial Hospital. It was organized in 1901; all of its members are members of the county society.

The following physicians have served the County Society as secretary in order mentioned: Samuel Forman, Edmund W. Allen, J. H. Baldwin, David Forman Jr., Robert W. Cooke, Edmund W. Allen, Jeremiah S. English, Robert W. Cooke, D. Polhemus, John Vought, D. McLean Forman, H. W. Ingling, Edwin Field, Lester D. Wise.

Among the physicians who have responded to the call-to-arm from Monmouth County we find the names of:

In the Revolutionary war—Jacob Hubbard, John Scudder, Thomas Barber, James English, Sr.

In the Civil war—Edward F. Taylor, Henry G. Cooke, J. G. Shakelton, Henry S. White, Arthur Conover, Remsen Taylor.

In the Spanish-American—Joseph D. Welsh, Edwin Field.

In the present Mexican trouble—W. G. Schaffler, Peter P. Rafferty, James Rowland.

There are in the county three hospitals: The Monmouth Memorial, at Long Branch; The Baby's Hospital at Rumson, a branch of a New York institution; The Ann May Hospital at Spring Lake, a homeopathic institution.

The Monmouth Memorial Hospital was organized in 1889, largely through the instrumentality of Dr. Samuel H. Hunt. From a small beginning it has grown to a capacity of one hundred and fifty beds.

The medical and surgical staffs of this institution are composed of members of the Monmouth County Medical Society.

The Babies' Hospital at Rumson is a summer hospital for small children, and is in charge of Dr. Reul Kimball, a native of Monmouth County.

The Monmouth Memorial Hospital was organized January 17th, 1889. Dr. Samuel H. Hunt was the first president and Thomas R. Woolley vice-president. Dr. Edwin Field has been chairman of the medical staff since 1892.

The present value of the hospital property is \$250,000. The annual cost of maintenance is \$54,000. The hospital has a bed capacity of 150 beds; average daily patients, 80. The Nurses' home has 58 rooms. The power house has heating, electric and ice plants and steam pumps for driven wells on the premises. From 1891 to 1916, 31,156 patients have been treated.



President Chandler: We will now have the pleasure of hearing Dr. George T. Welch, of Passaic, on "Recollections of the Physicians of Monmouth County."

DR. GEORGE T. WELCH'S ADDRESS.

The president of the Delaware Medical Society in his address yesterday stated that he was born in Missouri, was reared in New Jersey, and spent his meridian in Delaware. The president of the New York Medical Society told me that he was born in Massachusetts, reared in Connecticut, and was passing his meridian in the State of New York. This shows that anywhere in America is home, and means of grace and growth to any man born in any State of the Union. I was born and reared in Delaware, but I have lived the most of my life in New Jersey. Sixteen years of my earliest medical career were passed in the splendid county of Monmouth. I left a State so compact and brilliant in history that it is known everywhere as the Diamond State, and the old families were so intermingled through generations that everybody was your cousin, if not more nearly related. Naturally a sense of loneliness for old scenes and old ties came over me in my first days here, but I found myself among a people of interesting history and cordial good fellowship, who made me at home from the first, and thrilled me with a warmth of welcome, and an endearing friendship that has never passed away.

And although I left Monmouth County for another part of New Jersey several years ago, I have returned over and over again to these luxurious fields, romantic streams and sea coasts and to the friends whose attachments are linked with mine to the end of time.

Naturally, when I learned that the Monmouth County Medical Society was to celebrate its centennial anniversary to-day, I was anxious to give my tribute too, and to know my garland on its stately monument of a hundred years.

Old faces came back into my memory of the men I valued with a deep esteem, men whom I shall see no more in the flesh, men who were sterling and valued in their day, and who moulded opinion, advanced the career of medicine, and made life endurable and prolonged in many an agony of the past.

There was that firm and yet affable and beloved Dr. John Vought, of Freehold, who was the consulting physician to almost every doctor in the county. He was an

old bachelor, always scrupulously dressed, generally a flower in his buttonhole, and he drove the smartest horse in town. He was up-to-date in medical views, well read, and the people thought his dictum the last word and authority in any crisis—and the good doctor thought so too. Some of the old ideas clung to him, as the letting of blood did to the generation before him, and in the treatment of pneumonia he was a little irritated if the patient recovered without hot poultices being applied to the chest every half hour, or hour, day and night. And if the patient died, he grumbled under his breath, but loud enough for the family tattler to hear, that "if poultices had been applied, this would hardly have occurred!"

And Dr. Robert Laird, whose tall, gaunt form stalks before me, but whose face was always radiating smiles, and whose hearty laughter readily emphasized the illuminating effect of a witticism, or the humorous malice of a practical joke. The doctor was somewhat of a politician, and had, among other offices, been a State Senator. He had a fine promising son, who died early, and ever afterwards the father had shadows gloaming in upon his smiles.

One of the stately, dignified figures was Dr. Wm. A. Newall. He always gave grace and affable courtesy to every occasion. He had been Governor of the State, and member of Congress, and the intimate friend and physician of Lincoln; and later he was made the first Governor of the Territory of Washington, besides other offices that he so worthily deserved.

He told me that in his early life he had pulmonary tuberculosis, but had been sent by his uncle, a physician in New York City, to the pine forests of Monmouth County, where he spent his life in the open, riding on horseback in all kinds of weather, sleeping in a room with the windows open, and the balsamic airs stirring about his bed all night. He had had several hemorrhages but all his untoward symptoms gradually disappeared and he became rugged and lived to a great age. He was well versed in medicine, and was always an interesting contributor to the scientific meetings of the county society.

And genial Dr. S. H. Hunt—man of immense girth and winsome manners! He told ever the same stories, but like the old squire in "She Stops to Conquer," he always evoked the same hilarity. One of his reminiscences was that of his having attended a maternity case in a low, dingy

cottage in the woods, right where this sprightly city of Asbury Park now spreads its elegant homes and hostelrys to the ruin of the dashing sea. The case was long drawn out, and at one phase he went down to the shore and sat upon a log in the darkness, hearing the eternal swash of the waves, and the occasional cry of a night bird in the forest. Mentally he anathematized the exactions of his calling, the tediousness of his patient, the loneliness of the night. "But," said he, "if I had had the senses to have spent the paltry ten dollars that I at length received for the pine barren before me, I should now be a millionaire instead of still being the slave of the public!"

The doctor left his country practice and opened a private sanatorium in Long Branch and was mainly instrumental in organizing the Long Branch Memorial Hospital, which became a memorial to himself as well as to the one for whom it was erected.

And the importunately dignified face of Dr. Joseph E. Arrowsmith, of Keyport, passes slowly before me. The doctor rarely spoke in our medical society meetings, but smoked his cigar reflectively, as if analyzing the views of his more loquacious fellows; and yet, he was a skilled physician, very reliable of judgment and well esteemed. He used to have a phrase, when some one said in perplexity, "Leave the case to Nature,"—"Nature! leave it to Nature! Why Nature is a callous monster that devours her own offspring!" And nature certainly is prodigal of life and indifferent to the senates of mankind. She squanders our small savings, mocks at art, and is indifferent to the fate of empires. Our incessant efforts only have rescued mankind from the maelstrom that greedily devours the race. We wage an incessant war, and only gain by wit and strategem, and the employment of the various resources that the huge elemental force once unknowingly used against us.

But the faces are passing—like Banquo's line reversed, they are never to live again. This alert figure, always in haste, is Dr. J. G. Shackleton, of Matawan. He was always anxious to have the reputation of holding the longest practice in the county. He drove furiously, early and late, the fastest horses that he could buy. His clientele was extensive, his office was thronged but his fees were in inverse ratio. He charged for an office call, the burlesque fee of twenty-five cents! The doctor

literally worked himself to death at an early age, and the community it was said, was shocked that his fee bill went with him.

And there is the scholarly Dr. T. J. Thomason, once president of our State Society, who spoke well and wrote well, and whose spirit was pinned on a point of pain if the least error escaped him, or if he was misinterpreted or overlooked. Poor man! he became a victim of cancer of the tongue, and early ended a shining career.

And here slowly appearing and then fades into the illuminable shadows, the genial, kindly, earnest face of Dr. D. McLean Forman, descendent of a famous family of the Revolution. I well remember dining with him once, when his gallant little son pranced past the table, astride of the sword of his great grandfather, General David Forman, who fought at the battle of Monmouth, by the house in which we sat. Dr. Forman had been an assistant to Dr. T. G. Thomas, of New York, and had meant to have pursued the specialty of gynecology, but he told me that the sight of the same patients returning month after month disgusted him and he returned to the home of his father's to become the talented, successful general practitioner that I knew so well.

This opprobrium of the specialist, with his long continued treatment of the same patient, recalled to me the remark of an otologist in New York who, when I asked him if he really had much success in chronic aural affections, answered me with alacrity, "Sure, I have some wealthy patients of this class that I have been treating for seven years past!"

I wish that it were possible for me to portray in the compass of your patient interest and approval, brief sketches of the genial, worthy, helpful physicians of this rich, storied county for the last hundred years of its history, for it would make an intensely absorbing theme but I am limited to the men whom I personally knew and esteemed. Dr. Wickes in his fluent, pleasing "History of the Medical Men of New Jersey," has recorded many a story, many an illuminating anecdote of these remarkable men. And by the way, the New Jersey Medical Society should reprint this rare book for the benefit of this new generation of its members. It is a store house that all should have access to, should visit and profit by.

I find that Monmouth County has given nine presidents to the State Medical Society, and if the bright minds there burn



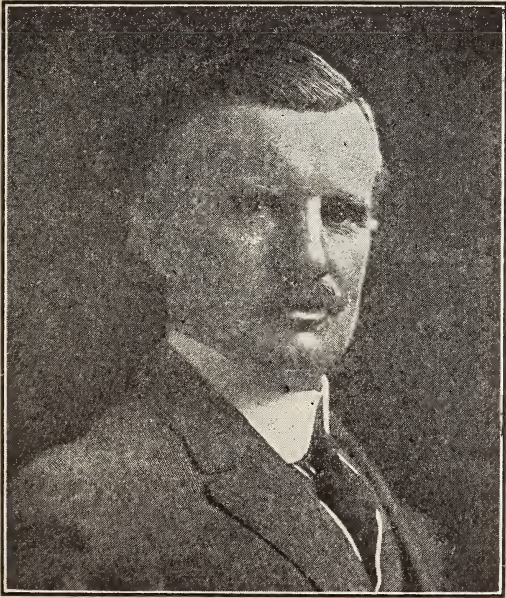
steadily together, we may expect many more in the years to come.

## ESSEX COUNTY MEDICAL SOCIETY'S CENTENNIAL CELEBRATION.

Newark, June 13, 1916.

A very large number of the members of the county society and several invited guests assembled in the spacious dining room of the Washington Hotel, Newark, to partake of the excellent banquet provided and to listen to the addresses by the president of the society and the distinguished speakers.

At the conclusion of the sumptuous feast, Dr. John F. Hagerty, president of the society, who acted as the toastmaster, delivered the following address:



JOHN F. HAGERTY, M. D.

Fellow Members of the County Society and Invited Guests: It now becomes my pleasant duty to greet you and extend to you on behalf of the officers and committee, a hearty welcome to this celebration of the one hundredth anniversary of the founding of our society. Whatever doubts or misgivings there may have been as to the propriety of holding this anniversary banquet, I think have long since been dispelled and I desire at this time to thank the members of the committee for the earnest and whole-

hearted way they have entered into the arrangements and, on behalf of the committee, to extend to the members here present, sincere thanks for their generous response and co-operation. We may, I think, with pardonable pride, regard the celebration, in numbers at least, as successful considering especially the number of attractions there are in our city at the present time.

It is fitting that we should commemorate in some way the zeal and courage and foresight of those pioneers in medicine, who, desirous of acquiring greater proficiency in their work and realizing the help and support that comes from co-operation, assembled on June 4, 1816, and founded the Essex District Medical Society. Whether the fact that the first meeting was held in Moses Roff's tavern is responsible for the convivial habits of some of our presentday societies or not, I am not prepared to say. We can well imagine with what anxiety and pleasurable anticipation they launched this society which, with varying degrees of fortune, has grown to be the sturdy, influential organization we know so well. When we recall that the County of Essex then embraced what are now the counties of Union and Passaic, there being but five thousand people in Newark at that time, that meetings were held at infrequent intervals, it is true, but in widely separated towns in these three counties and the means of travel from place to place were not what we have the good fortune to enjoy, nor were the funds needed always at hand, we can well understand how zealous must have been our ancestors to acquire knowledge with which to perform their work. They were men of large minds and stout hearts and in spite of the fact that the opportunities for education were limited, that very few of them had received more than a common school education and fewer still had received their knowledge of medicine at college, they became, by work and application, educated men and wielded a powerful influence in their communities. (It is interesting to know that there had existed in New Jersey at Queen's College, now Rutgers College, New Brunswick, a medical department under the control of men in New York City from 1792 to 1816, but in the very year in which our society was founded, the State of New York refused to recognize diplomas of students who had acquired their education outside of the State). They were observant and recorded their observations. One of the first medical papers published in New Jersey was written by Rev. Jonathan

Dickinson, of Elizabethtown, because as you know ministers practised medicine then, on "Observations on Throat Distemper." The paper is said to have evidenced a mind skilled in the appreciation of morbid phenomena, and those of us who have listened with so much pleasure and profit to our good friends from beyond the Hackensack must realize that there is something in a name after all. The society in its early days was not free from many of the weaknesses and difficulties which have beset our own societies of later day. Human nature does not change very much and we read of fines of one and even ten dollars being imposed for non-attendance at the meetings and more than once do we read of members begging to be excused for not reading essays until fines and threatened expulsion were levied upon the delinquents. Still it is greatly to their credit that they persevered and were able to overcome these obstacles of all kinds and transmit to us such a noble heritage and we should, and do, rejoice and review with pride the work of the founders of our society.

There are many good reasons why medical men and women should not infrequently put aside their cares and responsibilities—than which no profession has a greater share—and find pleasure and relaxation around the festive board. The daily life of the busy physician is a peculiar one and differs much from that of most other trades or professions. His hours of labor are long, of rest short and of pleasure almost none, and so I say that it is highly proper that we should embrace opportunities of this kind for securing wholesome enjoyment and recreation. There are, however, many satisfactions about our work and abundant reasons why we should rejoice and be proud of our calling. We are members of one of the oldest professions, whose aims and ideals have always been the highest. Ours is the most cosmopolitan of all professions, knowing in its work, neither Jew nor Gentile and in its own relations, each member may feel that he belongs to a guild which knows neither king nor country, but whose work is in the world. This is well exemplified by the status of the physician in the present terrible conflict across the seas, where, entirely unmindful of race or creed or allegiance, he is expending his best efforts in the saving of human life. The physician as a physician knows no difference between friend and foe.

It is a progressive profession, not but what its progress, like those of all efforts dependent on human agencies, has been slow

and interrupted, but it has advanced, ever discarding the old and adopting the new. It would be interesting to trace, even briefly, the history of medicine in the early ages, but time will not permit. We may, however, advert to the almost complete abolition of Smallpox, Yellow Fever, Bubonic Plague and other pestilences which have cost the lives of millions of people and which have raged at times with such fury as to threaten the complete annihilation of the race. Many of the diseases with which we are more familiar are fast losing their terrors. Diphtheria is now one of the most tractable of diseases, Typhoid Fever one of the rarest and the great white plague we have reason to believe will soon lose its place as one of the scourges of humanity. We need go no further back than the last century, when the great awakening came which has made it the most memorable of all centuries, because of the introduction of three agencies which have revolutionized the science and art of medicine; anæsthesia which robbed surgery of its terrors, antisepsis which has rendered success certain in the most difficult of operations and in the care of the most terrible wounds, and bacteriology which has thrown open to the light of day, the cause, prevention and cure of many diseases hitherto considered incurable. "Search the Scriptures of human achievement," says Osler, "and you can not find any way to equal in beneficence the introduction of these agencies, a short half-century's contribution towards the practical solution of problems of human suffering, regarded as eternal and insoluble." Bacteriology and the allied sciences have contributed more to civilization and the well being of man than have steam, electricity or any other scientific or economic discovery.

I have spoken of medicine being a progressive calling and would like, before closing, to refer to one of the most significant changes that has taken place in recent years. Thanks to the efforts of the American Medical Association and that of the recently organized College of Surgeons, the study of medicine, the standing of colleges and the conduct of hospitals is being put on the highest plane of efficiency. From the close of the Civil War to the year 1904, the number of medical colleges and of medical students increased rapidly. In the latter year there were in the United States, one hundred and sixty-six separate institutions which was more than half of the medical colleges of the whole world. There were at that time more than twenty-eight thousand



medical students and in one year nearly six thousand graduates. Last year—eleven years later—in spite of the great increase in population there were but ninety-five colleges, with fifteen thousand students and about thirty-five hundred graduates. In spite of these splendid efforts to improve the calibre and mental equipment of the physicians, cults and sects have been springing very rapidly and to the shame and discredit of the legislatures of many States, boards are being established and licenses granted, to graduates of schools, whose requirements for admission, courses of instruction and qualification for the degree, bear no comparison to those of the regularly-organized schools. Practitioners are being turned out in a few weeks or months, who, besides being a menace to the people at large are a reflection on the well-equipped physician and a disgrace to the educational system of the State which harbors them.

Ours is the most beneficent of all professions and in one respect differs from all others in that it is self-destructive. While we live by ministering to the wants of others, yet the profession has always been foremost in its efforts to abate disease. Few of us realize how incredibly great is the debt of humanity to the medical profession. Expressed in terms of money, so that all may understand, one illustration may suffice. Dr. Keen, of Philadelphia, calculated that the value of the time and services given by the physicians of Jefferson Medical College Hospital, gratuitously to the poor of Philadelphia, amounted to five hundred thousand dollars annually. Multiply this amount by the number of hospitals in Philadelphia and those scattered throughout the world and one may form some faint idea of the philanthropic side of medicine.

What a consoling and exhilarating thought to us, when contemplating the appalling war now being waged, and when millions of lives are being lost and as many more made cripples or rendered homeless, when billions of dollars are being wasted, to know that, to the everlasting credit of medicine, not a single discovery made, nor important truth learned, was ever used for the destruction of human life.

What a host of names of patient investigators comes before our minds in contemplating the marvellous accomplishments of scientific medicine, many of whose lives were spent and not a few forfeited in the pursuance of their noble work. How many of you, I wonder, are familiar with the story of Franz Muller, of Vienna. In 1897,

while at work in his laboratory, studying the bubonic plague, he became ill and realizing the dreadful nature of his illness, locked himself in his room. He posted a notice on his window, that it might be read from without, saying, "I am ill, do not send any one to see me as in any event, I shall live only four or five days." His associates called and volunteered to attend him, but he refused. He wrote a farewell letter to his parents, posted it on the window that it might be copied, then burned it. He was later found dead in the time he had predicted. A truly heroic life and death, examples of which might be multiplied.

I have derived such a deal of pleasure and encouragement from reading and re-reading a beautiful comparison by Dr. Keen in his volume of Essays between the unknown, unheralded heroes in medicine and those whom the world is accustomed to regard as great men, and which is so peculiarly appropriate at this time, that I shall ask your indulgence to repeat it. "In Mr. John Wanamaker's gallery is one of the most striking pictures I have ever seen. On a large canvas painted by Fritel, in the center of the picture, advancing towards the spectator, is a large cavalcade of warriors arrayed in corselet and casque. Their stately march at once arrests the eye. The leader is Julius Caesar. He is flanked by Napoleon and Alexander the Great, and followed by Attila, Semiramis and a lengthening host of those whom the world regards as its great conquerors. They advance between two rows of ghastly corpses all stretched at right angles to their line of march. Spectral hills in the distance hedge in the desolate plain given over to the vulture, the bat and silence. 'I would,' he says, 'that some great artist would paint a companion picture, of the conquerors in medicine, instead of the conquerors in war.' Instead of spectral hills and barren waste, the scene should be laid in a happy, smiling valley, bounded by the delectable mountains and kissed by the fertile sun. The stately procession should be led by Edward Jenner. He should be flanked by Pasteur and Lister and followed by Simpson and Billroth, Pare' and Virchow and John Hunter and many a modest hero who has yielded up his spirit in the performance of his duty. Instead of wending their way between lines of corpses they should march between lines of grateful men and women and a host of God's little children who, on bended knee and with clasped hands would invoke Heaven's richest benediction on their deliverers."

President Hagerty then introduced, in succession, Rev. Dr. W. J. Dawson, of Newark; Prof. J. W. Walsh, of New York, and Judge Peter F. Daly, of New Brunswick, representing respectively the clerical, medical and legal professions. They all made eloquent speeches, not only highly laudatory of the medical profession, but also full of helpful suggestions.

### ESSEX COUNTY CENTENNIAL.

Celebration at the 150th Anniversary Meeting of the State Society at Asbury Park, June 22, 1916.

*President Chandler:* The next society to present its centennial exercises is that of Essex County and I will ask Dr. John F. Hagerty, president of that society to occupy the chair.

*Dr. Hagerty:* Mr. President, Ladies and Gentlemen—It gives me very great pleasure to extend to the State Society the heartfelt congratulations of the Essex County Medical Society on having reached the good old age of 150 years, and to felicitate the Society on the good work that it has done during that time. The Essex County society was not the first of the societies organized; the first, as you have heard, was formed on the 4th of June, 1816, in Rolfe's Tavern. Some reference has been made to the proclivities of the early societies holding their meetings in taverns. I would like to tell you something about Rolfe's Tavern. It was then the finest public house on the stage coach line from New York to Philadelphia; it was on our Broad street which was built as such and was looked upon with such great pride by the early founders of the city of Newark and is yet generally regarded as one of the finest streets of our country. Past this great Rolfe's Tavern went the Continental Army on its way back from Valley Forge, weary, discouraged and bed-ragged; so that it has a rather famous history, which was a good reason why the county society held its meetings there.

While not the first county society organized, it is the largest at present; we have grown from a membership of eight, to a paid-up, active membership of 477; we tried to make it 500 before the holding of this anniversary meeting, but fell a little short of it. We will soon pass that number however.

Our society must have been an influential one in its early days, because the second president of the State Society came from Essex County, Dr. William Burnet, and strange to say, he was re-elected to that office, a very unusual thing. Men who have held this high office in our State Society from Essex County have been influential not only in the State, but also in the Nation.

Much time could be spent in recalling our society's past history, but the time is late, and I am only an adopted son of Essex County; I was born and reared in Middlesex County. I will ask Dr. Herman C. Bleyle to tell us of some of the men prominently identified with the county and State societies in the old days.

*Dr. Bleyle, Newark:* Mr. President and Members of the State Medical Society: For a number of cogent reasons I will not occupy but a few minutes. The Essex County Medical Society is the largest in the State—with 477 members; it has not missed a meeting in 100 years. It was organized as your banner says, June 4, 1816, in the same tavern to which reference has been made. There were three members who once went to a meeting there; I don't know what happened, but it is a queer thing that the president has alluded to—that the doctors generally held their meetings in taverns. Another thing is that we have got a lot of sympathy for the doctors from Middlesex County here as the numbers present will not be as large when we of Essex get through. Essex County has always occupied a prominent place. I am not going to detain you with a lot of historical data. While it would reach from here to the ocean, if we gave it to you whole, we are not going to do it. Realizing that the Essex County Society is not the oldest in the State, but in 1790, Dr. Michean was very active in forming a society in Newark. That got to the ears of the State Society; he went on till the meeting of the society in New Brunswick in 1790, when a resolution was adopted calling attention to this new society, declaring it informal and reprehensible and he was cited to appear and answer as to his actions.

Essex has had a long list of distinguished men. We could not begin to enumerate and properly laud them; it would take many hours. A number of them have been presidents of the State Society. The two Piersons—William senior and junior—for example, served you in the office of secretary for more than sixty years. You gave a member of it a loving cup last evening



for 25 years of service as treasurer. I only wish he was here, for I would ask him to fill it up; we would have one drink and then go home.

*Dr. Richard Cole Newton*, Montclair, was then introduced and presented the following:

#### A SKETCH OF ESSEX COUNTY MEDICAL SOCIETY OUTSIDE OF NEWARK.

When General Hagerty received a hurried order on Monday afternoon to mobilize the rural reserves of the Essex County Medical Society and bring them up to reinforce the depleted ranks of the old guard of the State Society, in convention assembled, he lost no time in drafting the bucolic members for the forlorn hope. We were ordered to advance without baggage in light marching order, armed with an airy and pleasing dissertation on the early and subsequent history of our beloved county society. No excuses were to be received, but it was quietly intimated that if in our haste to prepare something pleasing, which had not been officially vised, no court martial would follow unless the document should contain something of a disrespectful nature regarding the constitution and by-laws of the State Society or its constituent societies. In vain the writer pleaded *non vult*, that he was in the black books of the State Society because some years ago he had in answering some inquiries relative to having absented himself from some meeting or meetings of the State Society, failed to apologize for his delinquency in a sufficiently humble manner. In these days of unpreparedness the fact that nothing had been provided from which historical data could be abstracted and that the brief interval before the paper must be presented would not allow a conference with our colleagues so that our history could be made to confirm to the definition of the Great Napoleon, moved not our stern commander who consoled us with the statement that the other county societies, which like ours, are a century old and really ought to know how to bring help to our mother—the State Society—when in distress, were in as great a quandary as ourselves. We felt much as the Rev. Dr. McDowell is said to have felt when one of our worthy predecessors named Morse, who used to practice in Elizabeth, when that town was in Essex County, cracked a little joke at the dominie's expense. The latter had recently settled in Elizabethtown, as that city was then called, and es-

pecially desired to meet Dr. Morse of whom he had evidently heard. One fine morning the doctor drove up to the tavern in his sulky and met the clergyman to whom he was introduced. By way of explaining the fact that he was bringing a cask to the public house to be filled with rum, Dr. Morse remarked, "My wife is dying; I have come to get some rum; we are going to have a dam frolic."

Having been subsequently taken to task for such an apparently flippant and unfeeling remark to the new minister, the doctor said: "It is quite true, my wife is dyeing some yarn, and we expect to have a dam frolic to-morrow when we raise the new dam at my mills." The dominie must have liked this little joke, and probably his toddy, for he and the doctor subsequently became good friends and dinner companions. Several other stories are told of Morse which are worth repeating. On one occasion he passed a poor neighbor who was sowing his field with timothy grass seed in the fall. The doctor asked the farmer why he did not sow wheat with his grass and was told that the former had no wheat. "Have you not oats?" asked the doctor. "Yes," answered the other. "Well, sow them then." This was done. The following night the doctor and his servant drove to this field with a bag of wheat and a harrow. They sowed the field with the wheat and harrowed it in without letting anyone know it. Our practical joker took great delight in the poor farmer's pleased surprise when his field brought forth wheat although he had planted it with oats. Dr. Morse was once summoned in haste to see a hypochondriac who greeted him with the announcement, "Doctor, you have come too late, I am dead." The doctor passed on and spread the sad news. When asked what he meant by such a statement, he replied, "He surely is dead, I had it from his own mouth."

To turn to a more serious aspect of our subject. Another illustrious physician lived and practiced in Elizabeth when it was Elizabethtown and was included in Essex County. He was Jonathan Dickinson who was the first president of the College of New Jersey, an institution of learning now known as Princeton University, which started in Elizabeth. Dr. Dickinson was also pastor of the First Presbyterian Church of Elizabeth and so far as this writer knows never cracked a joke in his life.

Rev. Stephen Grover, of Caldwell, was

a physician and an active minister and probably provided the given name for Stephen Grover Cleveland, one-time president of the United States, whose father was a successor of the Rev. Stephen Grover as pastor of the Presbyterian Church in Caldwell where President Cleveland was born. The latter quite early in life, dropped the Stephen from his name and is known to fame as Grover Cleveland. So far as we know, however, he had no reason to be ashamed of anything in the life of the man he was named after.

Inasmuch as we have been informed that this meeting has been so largely reminiscent in character, it would probably be bringing coals to Newcastle to extend unduly the number of proper names in this short sketch. The two greatest names in the Essex County Medical Society, outside of Newark, were Drs. Pierson and Love, both of whom were so well known that probably every member of this society who is past middle life knew them well, and like nearly every body who knew them, admired and respected them. Their influence is still felt and will probably be felt as long as the State Society of New Jersey and the Essex County Society shall endure. They were noble specimens of manhood, accomplished physicians and true friends of good government, scientific progress and sound medicine.

I remember some years ago in one of our best-known Essex County medical societies when some of the younger members complained that they were too busy to attend the meetings, it was pointed out that the two busiest, oldest and wisest members were the most regular and punctual in their attendance. That they worked harder and more hours than most members of that society and in fact of the profession generally, are capable of doing, is the firm belief of the writer. That they saw with prophetic eye the great advance which medicine and surgery would make before the Essex Society reached its centenary was quiet evidence to their younger colleagues.

The following extract from Clark's book, "The Medical Men of New Jersey in Essex District from 1666 to 1866," shows what Dr. Love thought regarding the proper scope of military surgery. "The medical history of this war (the war of the Rebellion) in Dr. Love's opinion has developed no one fact more prominently than that to maintain an army in an effective condition a constant and enlightened attention must be given by the surgeons and officers to the

laws of hygiene. This is also proved by the experience of Dr. A. N. Dougherty. Dr. Love further remarks: "From ignorance of these laws the majority of the physicians commissioned to attend to the wants of the soldiers found themselves when in active service unable satisfactorily to discharge the duties devolving upon them; particularly was this the case with regimental surgeons from civil practice, who had left their homes with the idea that their whole duty consisted in treating disease and operating. These soon learned that to *prevent* disease in their commands was the primary object, and now that the war is over and they have resumed civil practice, the knowledge gained of hygienic laws will be used in the prevention and amelioration of disease among our citizens. Surgeons in active field practice have little or no opportunity to know the results of their practice. No matter how interesting the case in its inception, when the termination is unknown the facts are useless."

When we reflect that in the Spanish War 8,000 of the flower of our youth, who had not left the soil of the United States, were sacrificed to the greed, dishonesty and incompetence of the authorities of the war department, we not only appreciate Dr. Love's far-sighted sagacity, but we are ashamed of our puerile and ridiculous war department. So far as we can judge at this writing our war and naval departments have probably advanced somewhat in efficiency and practical knowledge of hygiene and sanitation since Dr. Love penned the above quoted words nearly fifty years ago. So long as political doctrinaires, retired teachers and country editors control our army and navy, just so long will our soldiers and sailors in actual warfare be exposed to the dangers due to lack of the knowledge of hygiene which Dr. Love pointed out.

It is time that medical societies shall insist on proper and adequate provision for whatever a soldier or sailor may need to guard his health and protect him from every form of preventable disease so long as he is serving in our land or naval forces. The new military standards call for ten surgeons to every 1,000 men. According to the best of our knowledge such a complement of competent surgeons can not be assembled for a score of years under our present methods.

Every medical man should ponder on these matters and should bring every ounce of pressure that he can exert to bear upon



his representative in Congress and the Senate to insure that as the army and navy are increased the personnel of the medical corps of each shall be increased in proportion, and that no money shall be spared that shall be needed to properly and fully carry out what we demand.

One more thought forces itself upon us as we draw this hasty sketch to a close. We have heard with great satisfaction that Dr. Martland, the pathologist of the Newark City Hospital, has instituted a course of free lectures on practical and clinical pathology in the hospital. This may seem like a small matter, but we believe that it is the duty of this society to do everything in its power to encourage and develop bedside and pathological teaching in every hospital in the State. We are convinced that untold masses of most interesting material goes to waste in practically every hospital in the State while the profession is sadly lacking the instruction and help that even a very few well-studied cases, especially if concluded by a good post mortem examination, would afford them.

With the completion of the first centenary of the Essex County Society we have reached the parting of the ways. With the enormous strides that have been made in pathological, clinical and therapeutic knowledge a doctor must be a student his whole life long or must drop back into the great unnumbered horde of incompetent, rule of thumb practitioners who gather in the fees and render the smallest possible return to the patient and to the public.

No longer can it be said that the new things in medicine are the things that have been forgotten. No longer can we be reproached with the assertion that "Scores of able American physicians," \* \* \* came out of inferior schools and learned their medicine by practising it, but what they accomplished was due to themselves and not to the conditions from which they sprung.

Times have changed and we must change with them. Unless a medical man, like the historian Freeman, wishes to die learning that he has chosen the wrong profession.

#### PERSONAL RECOLLECTIONS OF OLD NEWARK PHYSICIANS.

BY WILLIAM T. DISBROW, M. D., Ph. G.  
Newark.

To my mind the year 1876 was an eventful one. Firstly, because it was the 100th anniversary of American Independence,

and, secondly, it was the year that I entered the drug business.

There were a whole lot of doctors around Newark well along in years, who had fought the hard battles of medical practice long before the war period. The recollections of their personality and their doings are the most pleasing of my medical career.

Drug stores in those days were not as we have them to-day. True we had a so-called soda fountain, but it was a non-assuming affair of which we were ashamed; it was the beginning of trouble for druggists. Drugs—real roots, barks, etcetera, we kept, and ground and tinctured for the doctors whose prescriptions we compounded. How big those doctors looked to me. How imposing and dignified. I have never seen doctors since who looked like those of 1876.

If I recollect correctly, John F. Ward had gone to his reward, and the brown stone house next to the old mansion house now occupied by William O'Gorman, the type of physician which you see in the older illustrations—a gentleman, skilled and worthy of the confidence of all.

George S. Ward, one of the group of Wards who had from time to time immemorial practiced medicine in Newark. He was a noted "fever doctor." He would go ten miles for a beautiful scab for vaccination. I have seen him break from a mummified crust a small fragment; rub it up in the palm of his hand with a drop of water, sharpen his lancet on his shoe, and he always had "takes."

Arthur Ward was well along, working himself to death with no thought of self—a habit which was kept up till his sad death.

The Nichols—I. and Edward P.—were well known. "Ike," as he was called "sub-rosa," was one of the chief ornaments of the profession; had a large and lucrative practice which was always mentioned by the press. Edward P. was the down-town druggist in the old Mansion House and no better man or druggist ever lived. He gave up pharmacy. Some time after he moved to Kennilworth, Conn., where he died—loved as he should have been by all.

Dougherty has been eulogized so often and so worthily that I can add no more, except from a young druggist's impression—that he was a "bum" writer and that he would tell his horse—he rode horse-back—his call list, so he could read.

Good old Doctor Sutphen always wrote three prescriptions for which he was canonized by the druggists. He was good

business for us. He grew better as he grew older, and to know him was to love him.

Southard and Bleyle owned Down Neck. Southard grew rich; he kept a drug store in connection with his practice; died rich, but in honor. Bleyle still is with us, one of the few of the old guard, loved and respected by all.

Woodhull—the Christian gentleman; the loved physician.

Haight—a big fellow and a good one, always chewed Virginia leaf, one of the high-priced tobaccos—which we supplied by courtesy. Up on "Stumptown" some of the best of the German physicians solved the medical problems of a German neighborhood.

Drs. Ill, Lemacher, Eyrick, Lehlback, Hagen and others who should be mentioned—all scientific practitioners, advanced thinkers and workers who have shed glory and added reputation to their adopted country and city.

Marsh liked leeches—I did not. He requested me to apply twelve of the miserable things to his patient's thigh. I never saw leeches stretch so long in my life. I never saw such an uncontrollable lot of worms before; they got away from me; they made one wild break for the "black mud." The last I saw of them was when they were well on their way down South Broad street to the meadows.

Brumley liked stone root. To you who have never ground collinsonia this is unintelligible, 'tis like cranking an auto—one that kicks back. Many a druggist had a broken arm in grinding the accursed root, to make fluid extract of collinsonia.

As one stops to think, particularly when gray hairs and grandchildren tell that it is more easy to think backward than forward, recollections crowd so fast that it is difficult to enumerate all.

Dieffenbach, in the early eighties, was a Beau Brummel. I thought he was the grandest looking doctor I had ever seen. I hoped that I would look like him if I ever became a doctor. Well I became a physician all right, but that was as far as I got, for I had his word for it during a heated discussion over caffein—that I looked like the devil.

Schureman, Charles, steered me to the sal prunelle bottle; he told me it was candy. The taste of the saltpetre globule I will never forget.

Newark in those days was a city of "fever and ager;" quinine was worth nine dollars an ounce, and it was no easy thing

for a working man to support "the chills" and a family.

Dr. Pindell would permit his practice occasionally to interfere with his cleaning his gun and his Democratic politics, with particular delight. I recall a duck and champagne dinner I won from him by betting on the Republican presidential nominee.

One hundred and sixty doctors of all kinds were listed in the directory. One hundred and fourteen were called allopathic; of this number but fifteen are now living.

It is manifestly impossible to recall, and is it necessary to mention at all—Those which come to my mind are all associated with pleasant memories—to name them here is "rosemary," that's for remembrance. The Baldwins and Smiths, Dr. Corwin, Zeh, Holden, Stickney, Tichenor and the Osbornes—"Ed." and "Joe."

As head clerk in the early eighties, at Smith and Bell's drug store, I probably met everything that was ever invented in the doctor line. While we did not have those which have been fashionable lately, we had "something just as good." All of them came to Smith's and each brought to me knowledge of some kind and experiences of which I could write volumes.

I have nothing to remember for all those years but pleasing memories. Differences of opinion, changed view-points and mental peculiarities vanish with time. New faces and personalities have crowded the stage, and soon the young will be writing about those of his predecessors. When I arrive on the other side, if I meet those of whom I have spoken—by name or inference, I shall be in good company and I shall be satisfied.

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*Dr. Hagerty:* We are very grateful to the Committee of Arrangements for permitting Essex County to be heard on this occasion and we extend to the State Society our best wishes for its continued success and prosperity.

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We append a list of the Medical Societies and also of the Hospital in Essex County.

The following are the Medical Societies located in Newark:

Academy of Medicine of Northern New Jersey, 671 Broad street—President, Dr. A. A. Strasser; secretary, Dr. E. D. Newman.

Society for the Relief of Widows and Orphans of Medical Men of New Jersey--



President, Dr. Edward J. Ill; secretary, Dr. C. D. Bennett.

Essex County Pathological and Anatomical Society—President, Dr. H. S. Martland; secretary, Dr. Frank W. Pinneo.

Medical and Surgical Society—President, Dr. Sumner Shailer; secretary, Dr. R. H. Dieffenbach.

Practitioners' Club—President Dr. J. D. Lippincott; secretary, Dr. M. Royal White-nack.

Newark Medical League—President, Dr. Victor Parsonnet; secretary, Dr. H. Louis Fuerstman.

Physicians' Club—President, Dr. F. R. Haussling; secretary, Dr. George B. Emory.

Societies in Essex County, outside of Newark:

Associated Physicians of Montclair and Vicinity—Dr. W. H. Mount, secretary.

Mountainside Hospital Clinical Society—Dr. W. N. Harrison, secretary.

Orange Mountain Medical Society—Dr. B. B. Ranson, secretary.

Orange Practitioners' Society—Dr. Edgar C. Seibert, secretary.

William Pierson Medical Library Association, Orange—secretary.

Hospitals in Newark:

St. Barnabas', High and Montgomery streets.

St. James', Jefferson and Elm streets.

St. Michael's, High street and Central avenue.

German Hospital, 340 Bank street.

City Hospital, 116 Fairmount avenue.

Presbyterian, 13-27 South 9th street.

Beth Israel, High and W. Kinney streets.

Babies' Hospital, 437 High street.

Hospital for Women and Children, Central avenue and South 10th street.

Newark Private Hospital, 15 Roseville avenue.

Homeopathic Hospital, 133 Littleton avenue.

Maternity Hospital, 108 Montgomery street.

Home for Incurables and Hospital, 102 Court street.

Newark Charitable Eye and Ear Infirmary, 77 Central avenue.

Hospitals in Essex County outside of Newark:

Essex County Hospital, Nervous and Mental Diseases, Cedar Grove.

Newark City Sanatorium, Tuberculosis, Verona.

Mountainside Hospital, Highland avenue, Montclair.

Orange Memorial Hospital, 224 Essex avenue, Orange.

St. Mary's Hospital, 101 Centre street, Orange.

South Orange Private Hospital, Dr. Runyon, South Orange.

Newark Board of Health, William street, corner Plane.

President—Dr. William S. Disbrow.

Secretary—Wm. J. Buehler.

Health Officer—Dr. Charles V. Craster.

Chief of Bureau of Child Hygiene—Dr. Julius Levy.

Chief of Bureau of Tuberculosis—Dr. Thomas N. Gray.

Reports of Centennial Celebrations will be concluded in the September Journal.

## HISTORICAL DATA, Continued.

WILLIAM O'GORMAN, M. D.

Dr. O'Gorman was born in Dublin, July 12, 1824; graduated from Carlow College when seventeen years of age; graduated from the Royal College of Physicians and Surgeons, Dublin, in 1848; was connected with the Richmond Hospital, Dublin; was a Fellow of the Royal College of Surgeons of Ireland. He came to the United States in 1849; settled at Oswego, N. Y., leaving there in 1857, he settled in Newark, N. J., where he practiced the remaining 30 years of his life. During the Civil War he was appointed chief of the commission to Fortress Monroe, to care for wounded soldiers. He was a member of the Newark Medical Society, the Essex County Society and the Medical Society of New Jersey, was president of the latter in 1875; was one of the founders of St. Michael's Hospital, Newark, and was its first surgeon and later became its medical director. He had a large practice, his skill was unquestioned; he was a genial gentleman, very kindly toward the younger members of his profession; he was a lover of art and was endowed with full literary tastes. He died November 10, 1887.

JOHN L. LEAL, M. D.

Dr. Leal was born in 1858, was a son of Dr. J. R. Leal, a prominent physician of Paterson, N. J. He graduated from the College of Physicians and Surgeons, New York City, in 1884, and began practice in Paterson. In 1887, with other doctors he

organized the Paterson General Hospital; he was elected a member of its medical board in 1892; he was city physician in 1886; health officer in 1892, served several years; was president of the health board in 1912 and 1913. In 1897 he was elected sanitary supervisor of the East Jersey Water Company. He was president of the New Jersey Sanitary Association in 1903 and read an able address on "The Present Attitude of Sanitary Science." He was a member of the Passaic County Medical Society and of the Medical Society of New Jersey. He died March 13, 1914.

WILLIAM K. NEWTON, M. D.

Dr. Newton was born April 23, 1850; after an excellent preparatory education, he entered the College of Physicians and Surgeons, New York City, graduating therefrom in 1877; was assistant resident physician of the Nurses and Child's Hospital; served as a member of the Board of Health of New York; was a Fellow of the New York Academy of Medicine and a member of the New York City and State Medical societies. He removed to Paterson in 1880, where he began and continued till his death the practice of medicine. He was State Sanitary Inspector of New Jersey; he organized the Paterson Board of Health, was its first health officer; was appointed on the staff of the Paterson General Hospital in 1890 and served until his death; was consulting physician of the Eye and Ear Infirmary. He was a member of the Passaic County Medical Society, the Medical Society of New Jersey and the American Medical Association. Also was a member and one year president of the New Jersey State Sanitary Association; president of the Pure Food Society at its meetings in Washington, D. C., in 1883 and 1884. He was for ten years vestryman and afterwards ten years warden of St. Paul's Episcopal Church of Paterson.

EDMUND L. B. GODFREY, M. D.

Dr. Godfrey was born at Tuckahoe, N. J., in 1850. After a good education, he entered Jefferson Medical College, Philadelphia, from which he graduated in 1876, and settled in the practice of medicine in Camden. In 1877, he was elected a member of the staff of Cooper Hospital and served until his removal to California in 1911. He was a member of the board of managers of the Camden City Dispensary for 25 years; was for several years a member of the New Jersey Board of Medical Examiners and

for a few years was its secretary. He was a member of the New Jersey Sanitary Association and its president in 1892; was a member of the Camden County Medical Society; the Medical Society of New Jersey, of which he was president in 1902, and a member of the American Medical Association. He was also prominent in military circles, for 29 years serving on the National Guard, he retired from it in February, 1912, with the rank of Brigadier General. In 1911, he removed to California, where he was elected a director of the First National Bank of South Pasadena and also a director of the Savings Bank there located. He was also elected president of the Association of New Jerseymen of the Pacific Coast.

ALEXANDER ROSS, M. D.

Dr. Ross came from Scotland early in the eighteenth century, settled first in Island of Jamaica and several years later came to the United States and settled in New Brunswick where he practiced medicine. He resided at what has since been known as Ross Hall, on the east branch of the Raritan.

Charles Abraham Howard studied medicine with Dr. Ross and after the death of the latter's wife, Dr. Howard married his widow who was several years his senior, and continued to reside at Ross Hall. He acquired considerable reputation as a surgeon. He became a member of the State Medical Society in 1786. In 1790 he was a warden of Christ's Church, New Brunswick. He died September 21, 1794.

JOHN J. BISSETT, M. D.

Dr. Bissett was born near Old Bridge, Middlesex County. He graduated from the College of Physicians and Surgeons, New York City, in 1880. He served in the U. S. Navy a few years when he retired with the rank of Lieutenant Commander, and soon after began practice at South River, N. J., and continued for more than 20 years when he relinquished practice and went to live with his daughter at Coraopolis, Pa. He was a member of the Middlesex County Medical Society and of the Medical Society of New Jersey.

HEZEKIAH STITES, M. D.

Dr. Stites, son of John, who lived to the age of 122 years, was born in Elizabethtown in 1726. After graduating in medicine he settled at Cranbury. He joined the State Medical Society in 1767; was its president in 1775. He died November 17, 1790.



## JOHN BEATTY, M. D.

Dr. Beatty was born December 19, 1749, in Hartsville, Pa.; his father was Rev. Chas. Beatty and his maternal grandfather was Gov. Reading. He was educated at Princeton College, graduated in 1769; educated as a physician under the tuition of Dr. Rush. He early entered the war of the Revolution, in 1776 was colonel in the army; on the capture of Fort Washington by the enemy, he suffered imprisonment and endured severe treatment; recovering his health he was appointed in 1778 successor to Elias Bondinot, Commissary General of Prisoners and served till 1780. At the close of the war he settled in Princeton, where he very successfully pursued his professional calling. He joined the State Medical Society in 1773 and was a most active and efficient member. He was several times a member of each House of the Legislature, was Speaker of the House of Assembly; he represented Middlesex County in the convention which adopted the Federal Constitution. In 1793 he was elected to Congress and served with distinction; was Secretary of State in 1795, and served 10 years in that office. About that time he removed to Trenton and erected a beautiful mansion on the banks of the Delaware; was president of the Trenton Bank, serving as such during the last eleven years of his life.

## JOHN MACLEAN, M. D.

Was born in Glasgow, Scotland in 1771. In his thirteenth year he entered the University of that city, graduating therefrom in the arts and in medicine; and subsequently continued his studies in Edinburgh, London and Paris. As a surgeon he had an extensive and lucrative practice when leaving Scotland while yet a young man—but 24 years of age—he arrived in this country in the spring of 1795 and established himself in practice at Princeton, N. J., in partnership with Dr. Ebenezer Stockton, the leading physician there. He was elected by the trustees of the college, Professor of Chemistry, with the liberty of continuing the practice of his profession; in April, 1797, he was also chosen Professor of Mathematics and Natural Philosophy in addition to the professorship of chemistry which compelled him to give up the practice of medicine. He resigned his professorship in 1812, and accepted that of Natural Philosophy and Chemistry in William and Mary College, Virginia.

Severe illness in the spring of 1813 com-

pelled him to resign and he returned to Princeton and died February 17, 1814. His eldest son was Rev. Dr. John Maclean, president of the College of New Jersey, Princeton from 1854 to 1868.

## THOMAS WIGGINS, M. D.

Was born at Southold, Long Island, in 1731; graduated at Yale College, 1752. Soon after he removed to New Jersey and lived at Princeton; he was a highly esteemed and successful physician and an honored citizen. He was one of the founders of the State Medical Society in 1766; served as its secretary a few years and as treasurer many years; was elected its president in 1774. He was, for a short time, treasurer of the College of New Jersey. He died November 14, 1801, and bequeathed his house and a considerable tract of land to the Presbyterian Church of Princeton in which for several years he was an elder.

## WILLIAM VAN DEURSEN, M. D.

Dr. Van Deursen was born in New Brunswick, May 16, 1791. He graduated from Queen's College (now Rutgers) in 1809 and form the College of Physicians and Surgeons, N. Y., in 1814. He was elected a trustee of Rutgers College in 1823.

He first settled in Inlaystown, but after a few years he removed to New Brunswick where he secured an extensive practice; he was especially noted for his skill as a surgeon. In all departments of his profession he was remarkably well read; he had many students who entered the profession from his office—among them Dr. William A. Newell, who married his daughter and afterwards became Governor of New Jersey.

In person Dr. Van Deursen was of medium height, erect in carriage, punctitiously neat in dress; manner courteous but guarded by a dignified reserve. For more than 50 years he was esteemed the leading physician of the city and finally, full of years and of honors, he died February 16, 1873, bearing his testimony to the reality of a Christian faith.

## GEORGE C. LAWS, M. D.

Dr. Laws was born in 1845; he graduated in medicine from the medical department of the University of Pennsylvania in 1871, when he settled in Paulsboro, where he continued to practice until his death, September 5, 1913. He was a member of the Gloucester County Medical Society, a permanent delegate of the Medical Society of New Jersey and a member of the American Medical Association.

# THE JOURNAL

OF THE

## Medical Society of New Jersey

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AUGUST, 1916

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,  
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

AUGUST A. STRASSER, M. D., Arlington, N. J.

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### ANTERIOR POLIOMYELITIS.

To call this disease infantile paralysis is a misnomer. Not always does a misnomer do harm, but, in this case, it does.

The reason for this is, that many in the profession look upon paralysis as a constant result, and in consequence fail to recognize an indisposition of four or five days without paralysis, or with an unrecognized slight and transient paralysis, or with a rather pronounced weakness for so short an illness, as really having been a poliomyelitis. It is the opinion of many authorities that there are as many so-called abortive cases as of those with a resulting paralysis.

It is well too, to remember, that in many instances the disease is a polioencephalitis, the paralysis limited to the cranial nerves. Of this type are the majority of fatalities, death resulting from bulbar paralysis.

The harm done by failure to recognize these abortive and polioencephalitis cases is that neither class is isolated, thus exposing others in the family to infection. In addition, after recovery, the former class are allowed to mingle with other children in play, in school, in Sunday-school; also to frequent moving pictures and to ride on trolley cars. They thus become carriers of the disease.

When it is realized that the only hope of stopping an epidemic is complete isola-

tion for at least six weeks, it is easily understood why the failure to recognize the non-paralytic case makes such stopping impossible, and also, why the term infantile paralysis does harm.

This infection having spread all over the State in a month ought to make every physician carry poliomyelitis among the possibilities, when interrogating the sick child.

How shall we recognize the paralytic case early? How shall we recognize the non-paralytic case? There are no set initial symptoms. In the majority of cases, in the Newark epidemic, the history is vomiting and obstinate constipation with fever, not always high. In others, vomiting with fever. In others, constipation with fever. In others a slight diarrhoea with fever. In others a cold. In any of these cases if the dose of calomel or castor oil fails to carry the temperature to normal, be suspicious. Extreme irritability, provoked by any attempt to move the child is an exceedingly suspicious symptom. This irritability is but an expression of pain.

Eliminate all possibilities by thorough examination. If, then, with intestinal tract clear and no cause for the fever found, be suspicious and examine for polio. Head retraction; a positive Kernig, resisting and often painful; a painful cord evidenced by flexing the spine with a hand under buttocks and shoulders, the pain severe enough often to produce an opisthotonos, is warrant for diagnosis. The pain and opisthotonos spoken of are sometimes elicited by the weight of the suspended torso, without flexure. If lacking in courage in the presence of an abrupt onset, exclusion and the findings given to make a diagnosis, examine the spinal fluid, remembering that if negative this ought not sweep away the clinical findings.

When testing for the Kernig be careful to have the thigh fully flexed on the abdomen. Partial flexion will deceive.

In not a few instances the following type will be met: A sudden onset, usually of fever alone, the fever lasting for two or three days, leaving the patient apparently all right. After two, three or four days a recurrence of the fever, and a quickly appearing paralysis. Watch the child with a history of a two or three days' fever without discoverable cause, daily, for a week.

These reflexes may not be found the first day; only slight and not convincing on the second; not pronounced until



the third. Keep the child isolated, examine and reexamine. The knee jerk has not been mentioned because its abolition means cord lesion and the partial or complete paralysis is present. Then, too, in a number of instances, in the very early stages, it will be found exaggerated.

An added incentive to early recognition is, that what benefit resides in urotropin is resident only when it is used before paralysis occurs.

This remedy must be used in larger doses than we have been accustomed to give. A very young infant may be given twenty grains a day, a child from 2 to 3 thirty grains, older children sixty grains. These doses not to be given for more than two days consecutively. T. N. G.

#### ADVERTISERS ATTENTION.

In a recent circular letter from the Co-operative Medical Advertising Bureau the following interesting data gleaned from the recent issue of the American Medical Directory make interesting reading not only for our readers but for those advertisers who occasionally open these editorial pages.

There are published in the United States and Canada 257 medical journals and bulletins. Of these, 133 conform to the standards; 61 do not accept advertisements; 196 do. Of the 257 only 55 give sworn statements of their circulation, and only 41 that accept advertisements give such sworn statements; and the number of these who accept advertisements, conform to the standards and furnish sworn circulation statements drops to 38. Of these 38, the Blue List published by the Co-operative Medical Advertising Bureau shows that 28 are the official Journals of the State Medical Societies. The comment in the circular is quite pertinent. "Is it not remarkable that our list of 28 State Medical Journals comprise 74% of all medical publications that maintain the standards and give sworn circulation statements? Especially so when you note there are 196 medical journals that solicit and print advertisements." Do not these facts justify advertising agents and their clients in using this Blue List when placing accounts in medical publications? And especially so as far as New Jersey is concerned, in using our Journal as their medium, inasmuch as it conforms to all their requirements; it takes advertisements, maintains their standards and gives a sworn statement of its circulation to all such as may require it.

WE CALL ATTENTION OF OUR PRESENT AND PROSPECTIVE ADVERTISERS TO THESE FACTS AND RESPECTFULLY URGE THEIR CONSIDERATION WHEN PLACING THEIR ADVERTISING FOR THE YEAR.

A. A. S.

The date of issue of the Journal is later than usual this month because of the absence of authors of papers and correspondents on their vacations.

#### "A FACT AS TO EDITORS."

We take the following from Collier's Weekly, July 29th, under the above caption:

On rainy days, and also on other occasions which are not unconnected with the postman's visits, we find the whole of a truth in this from the Thomasville (Ga.) "Times":

If you see an editor who pleases everybody, there will be a glass plate over his face and he will not be standing up.

During our ten years' service as editor of this Journal, which closes this month, we have not had any sleepless nights worrying over criticisms of the conduct of the Journal. We have not tried to please everybody, nor have we sought to displease anybody. We doubtless have been open sometimes to criticism that we deserved. We thank those of our readers who have openly, honestly and kindly offered criticism and suggestions, for we all wish to make the Journal worthy of the Society it represents.

As we enter upon another year's work we desire to say a few words about criticism of the Journal and its editor. Let us first of all realize that the State Society Journal is a substitute for and for reasons often stated, vastly superior to the old-time volume of Transactions which when issued and placed in our libraries generally stayed there, rarely if ever used. The Journal is not solely, nor mainly, a periodical in which to publish original scientific papers, though it desires all such papers that our members, or county and local medical societies deem worthy, because of their originality or practical suggestions that may be helpful to our members.

A considerable number of our members, we believe, desire more of the strictly scientific papers, especially such as are somewhat original and practical; while very many others, who have so intimated—and as seems to be shown by the change in sev-

eral of the larger societies, with larger attendance and deeper interest—desire the more frequent reporting of clinical cases. The practical abstracts, society reports and the other usual varied matter of information and help the editor tries to select with care for their benefit, seem to be, from expressions received, the satisfactory way of conducting our Journal.

In order to make our Journal acceptable and more successful during the coming year, we wish to hear from every member who has anything that is helpful to offer, especially the reporting of clinical cases, of special interest, in private or hospital practice, as well as any news items that are calculated to interest or instruct our readers concerning the progress of medicine; the marriages and deaths of members and personal notes of interest *concerning our members*, not usually other doctors. We also urge that every meeting of a county or local medical society shall be reported, giving only brief abstracts of papers read; if *fully* reported the paper should be sent rather than lengthy abstracts in the body of the report. Again we invite our members to offer kindly criticism and suggestions to the editor.

We have thought that possibly some have been inclined to criticize the large use of our columns the past three months for historical matter. We remind such that the celebration of an anniversary of 150 years of work, is an occasion of such rarity that it is worthy of all the space that can be spared for it, especially to set forth such a record as the Medical Society of New Jersey has made and to note some of the men of noble character, eminent ability and altruistic endeavor who have made it so honorable. It is impossible to fully estimate what we as a State Society, as a profession, as individual practitioners owe to them and it is eminently proper that we do them honor by recording their names and their deeds. Our regret is that we have been obliged to omit many names that are equally worthy of mention. We could not and will not deny or withhold from any of them the honor and glory that is their due. The recalling of the noble lives and deeds of such men ought to be an inspiration to us as we enter upon the labors of another year and begin another century.

#### NOT ONLY SURGEONS.

A good many men in general practice have the idea that only surgeons, or almost exclusively surgeons, are subject to suits

for damages for alleged malpractice, for the reason that such suits—in their opinion—always originate out of fractures or similar injuries. This is not the case. Some of the worst suits that we have had in the past, and have now on hand to defend, have been suits brought against physician members in the ordinary course of general practice, confinement work and the like. One bitterly fought suit had its origin in the question of correct diagnosis of tuberculosis. Another one, lasting two weeks or more in trial, originated in a confinement case. Still another had its origin in the examination of school pupils. There is no limit to the possible range of conditions or treatments out of which a suit for damages may arise.—*Colorado State Journal*.

#### WELCOME NEBRASKA JOURNAL.

We are very glad to welcome to our exchange list another State Society Journal—that of the Nebraska State Medical Association. We congratulate the Society and the editor on this new venture, and assure them of our belief—judging from the excellence of its first number—that it will build up and strengthen the Society and greatly extend its influence.

We were also much pleased to receive the first number of "The Psychogram," a monthly journal, as the title page says: "Done Once a Month in the Print Shop of the New Jersey State Hospital at Morris Plains."

With Dr. Britton D. Evans as its editor-in-chief and the members of the medical staff as associate editors, there can be no doubt that it will be a success.

This number certainly does credit alike to the "Print Shop" of the hospital and to its editors. Published at the nominal price of fifty cents a year, its circulation ought to be very extensive.

It was the editor's great pleasure last month to pay a brief visit to his dear old friend and our Society's greatly esteemed Fellow, Dr. John W. Ward, at his home in Pennington. We were very sorry to find him in feeble health, but the old-time interest in the profession and especially in the work of our Society is unabated. He was deeply interested in the account of our Sesqui-Centennial Celebration and many were his inquiries concerning the old friends whom he always enjoyed meeting at the an-



nual gathering at which he was invariably present.

Dr. Ward's work in our Society cannot be forgotten and certainly not his greater work for the State and the unfortunate hundreds under his care for so many years when he so faithfully and efficiently served as Medical Director of the Trenton State Hospital. He was rarely absent from the post of duty and the success of the work there under Drs. Buttolph and later under Dr. Ward contributed in no small degree to the success in obtaining the other State Hospital at Morris Plains. We know that his host of friends in our Society and in the profession generally join us in sincere wishes for lengthened years of rest, peace, comfort and joy for him.

**Correspondence**

San Lazaro Hospital,  
Manila, P. I., June 8, 1916.  
Dr. David C. English,  
New Brunswick, N. J.  
Dear Doctor:

Your very kind invitation to attend the meeting of the New Jersey Medical Society has been received and is greatly appreciated. It will be, for obvious reasons, impossible to attend the meeting it is feared, but we trust that you will have a good time anyway.

Your invitation has been filed in the central office of the Philippine Health Service.

Very respectfully,  
ALMON P. GOFF,  
Chief, San Lazaro Hospital.  
Philippine Health Service.  
Pres. Board of Med. Exam. for P. I.

75 Harley St., Cavendish Square W.  
June 9, 1916.

Sir Watson Cheyne regrets that under present circumstances he is unable to accept the kind invitation of the Medical Society of New Jersey for June 20th. He, however, wishes on behalf of the Council of the Royal College of Surgeons of England and on his own behalf to congratulate the Medical Society of New Jersey on their 150th anniversary and to wish it a long continued and prosperous existence.

Royal College of Physicians,  
London, S. W., June 9, 1916.  
The President of the Royal College of Physicians of London regrets that his en-

gagements, increased by the conditions of warfare now existing, render it impossible for him to accept the kind invitation of the Fellows, officers and members of the Medical Society of New Jersey to the 150th anniversary of the founding of their honorable Society.

**COMPARATIVE CANCER MORTALITY.**

**LIVES LOST.**

War between the States.....	659,528
From Cancer 1900-1915.....	1,021,513
Sinking Titanic .....	1,506
Cancer, State Pennsylvania, 1914	5,000
Spanish American War—Total..	497
Cancer, Texas, 1914 (Reported)...	784
Number Murders U. S. One Year	6,597
Number of Deaths from Cancer.	80,000
One person dies of Cancer every 6½ min- utes.—Texas Society Medical Journal.	

**IMPORTANT**

**LOOK OVER  
THE ADVERTISING PAGES  
IN  
YOUR STATE JOURNAL  
BEFORE MAKING  
A PURCHASE ELSEWHERE  
PATRONIZE THOSE  
WHO PATRONIZE YOUR  
JOURNAL**

**Rockefeller Institute for Medical Research.**

The new buildings on Lake Carnegie, near Princeton, will be completed and operated, as expected, in September. This is especially gratifying just at this time, in so much as the work accomplished by the other Rockefeller institutions combating the infantile paralysis disease has been noteworthy. The institute comprises about 400 acres of land, and the department of animal pathology has been organized under the personal supervision of Dr. Theobald Smith. There will also be accommodations for the serum horses and other animals which hitherto have been kept at Clyde, near New Brunswick. Besides the laboratory, etc., there are several auxiliary buildings. The cost will be \$287,330.

## Therapeutic Notes.

Dr. A. L. Wolbarst says that nothing is more effective for mosquito bites than a strong solution of potassium permanganate. It is also good for poison ivy.

Belladonna is one of the drugs that children tolerate well; its chief uses are in bronchopneumonia and enuresis.

In acute nephritis, mineral alkaline waters should be used freely.

Squill increases the bronchial secretion and aids expectoration. In chronic bronchitis with scanty secretion it is useful and generally combined with ipecac or ammonium carbonate.

### Conjunctivitis.

Dr. T. G. Atkinson in Medical Brief, gives a very concise outline of a successful treatment of acute conjunctivitis. The other eye is carefully sealed off and under no consideration is the patient allowed to open up the bandage. The affected eye is irrigated with a 1:500 permanganate solution every two hours, and in the interim a light bandage is placed over the eye and ice bags are applied to reduce the inflammation. After twelve hours of such treatment he instills a few drops of a saturated solution of methylene blue. After the acute manifestations are controlled, the cold applications must be promptly stopped for fear of nutritional damage to the cornea. The everted conjunctiva is brushed daily with a 1% silver nitrate solution.

### Erysipelas.

Dr. Labbe, in Paris Medical, recommends the following for local application in erysipelas:

Ætheris, ℥iv.

Pulveris Camphorae, ℥iij.

Misce. fiat pigmentum.

S. To be painted repeatedly over the affected surface.

**Ichthyol in Erysipelas.**—Dr. Helen Sexton reports the case of a soldier with a large suppurating wound on the inner side of the arm, in which erysipelas developed, the redness and swelling extending below the elbow. The arm was painted every twelve hours with ichthyol and glycerin equal parts, and covered with oil-silk, and a mixture containing large doses of bichloride of mercury was given. In forty-eight hours the temperature was normal, and all the local symptoms of erysipelas had disappeared; the wound was then dressed with ordinary hypertonic saline solution.—British Medical Journal.

**Rheumatism in Children.**—Dr. Mary H. Williams, in the Lancet says that rheumatism is a disease which almost always begins in early childhood, and that in its crippling effect it is second to none. It is responsible for a large amount of heart disease and for an infinitely large number of cases of ill health, which are frequently labelled "debility." The author dis-

cusses the significance in children of "growing pains," pyrexia, tachycardia, nervousness, "bilious attacks," chorea and anemia—many of which conditions should, in her opinion, be regarded as of rheumatic origin. She maintains that heart disease in the child is practically always due to rheumatism. Three important points in treatment are: (a) rest, (b) "keep warm and dry," and (c) good food.—The British Journal of Children's Diseases.

**Orchitis.**—If you have a case of orchitis (Med. Standard), suspend carefully, apply guaiacol in camphorated oil, in the proportion of a dram to the pint, bandage snugly, and give anemonin in granule form internally.

**Pain at the Root of Neck and Cardiac Irregularity.**—Dr. D. Owen Williams has noted this condition in a woman aged 59. There was marked local pulsation with coupled beats corresponding to the heart sounds. Under appropriate cardiac treatment the pain passed away within four days, the heart sounds becoming normal.—British Medical Journal.

**Tonsilar Endamebiasis and Thyroid Disturbances.**—Evans, Middleton and Smith (Am. Jour. Med. Soc., February, 1916) state that out of 38 cases of typically diseased tonsils in goitrous individuals, 97 per cent. were found to harbor endameba gingivalis. Sixteen of these cases were given emetin hydrochloride and after such treatment, 13, re-examined, showed an absence of endamebae.

**Atropine in Stomach Disease.**—According to Dr. Pletnew, in Therap. Monatsh., atropin is a very useful drug in stomach disease, checking secretion, reducing acidity, diminishing pylorospasm, and thus relieving gastric pain and distress. He believes it superior to morphine because the sedative action of the latter is followed by increased secretion.

**Painful urination and discharge** respond with surprising promptness to the soothing, anti-blenorrhagic influence of Arheol. Of all the balsamic products this will be found the most effective in the treatment of gonorrhea, gleet and kindred ills. Doubtless two of its most notable advantages, and to which its efficiency is largely due, are the freedom from gastric disturbance and absence of renal irritation (backache) following the administration of Arheol. Under its use in acute gonorrhea it is not unusual to note a marked improvement in every symptom after the first day's administration.

**Salt Solution in the Treatment of Edema.**—Dr. Palhault, in Zentralblatt für Therapie, declares that when edematous parts are wrapped in compresses wet with 2.5 to 5 per cent. salt solution (sodium chlorid), over which is placed a layer of cotton and the whole then bandaged, that on the following day the dressings are saturated with fluid which may even soak through sheets and mattress. The dressing is renewed daily and often results in a disappearance of the edema when all other measures have failed. The patient meanwhile should be put on a so-called dry diet.



**Pneumonia and Anemia in Children; Open-Air Treatment.**—Dr. Freeman, in the *Amer. Jour. of the Medical Sciences*, outlines the method of treating cases of pneumonia in children at the Roosevelt Hospital in New York. They are given a dose of castor oil, put to bed on the roof, their extremities kept warm and bowels open. Stimulants or expectorants are very seldom used. Occasionally, when the cough becomes troublesome, a dilute solution tincture chloride of iron in glycerine is used. Results show that in such conditions of treatment pneumonia runs a short course with a very low mortality. The open air treatment also seemed to bring about remarkable improvement in anemia and leucocythemic conditions with little or no drugs. The author concludes that the treatment of children in an open air shed in winter increases their vitality and resistance to diseases more effectually than do medicines.

**Iodine in Infectious and Erysipelas.**—Iodine is still a good antiseptic and in wide usage, even though it seems to be somewhat in the discard in the hands of some military surgeons. As a disinfectant of the skin, it still has no peer, but its use in deep, jagged and dirty wounds is not efficient and it is quite painful. Recently an Italian physician, Maggi, records brilliant results in the treatment of erysipelas with iodine. He painted the affected area with the pure tincture of iodine and the results prompted his report in a recent issue of *Il Policlinico*. He adds, however, that where the toxemia is great, local treatment is not sufficient, hence in the severest cases he administers antistreptococcus serum as a supplementary measure.

**Dermatologic Reminders.**—Remember that painting a limited moist patch of eczema with a solution of nitrate of silver often promptly cures the disease.

Remember that in some very chronic thickened eczemas, that tar may be rubbed in pure.

Remember that *cannabis indica* is sometimes very useful in stopping general itching.

Remember that some skins can not tolerate even a small percentage of glycerin.

Remember that cold cream may be distinctly beneficial in dry skins, as it protects against chapping, but it may be harmful in cases of seborrhea and acne, as it furnishes a better medium for the growth of bacteria.

Remember that greasy skin is best treated with soap and water.

Remember that in dermatitis herpetiformis itching may be complained of before the eruption appears.

Remember that herpes facialis occurs in about one-third of all cases of pneumonia and malaria and in almost one-half of the cases of cerebrospinal meningitis, but is rare in typhoid fever.

Remember that most cases of herpes zoster get well spontaneously in one to three weeks.

Remember that sulphur is the most efficient remedy in acne, and may be used in the form of powder, ointment, paste or lotion.

Remember that in the treatment of plant-poisoning, wet compresses of a solution of sodium hyposulphite, one dram to the ounce, are useful.—*Medical Review of Reviews*.

## Hospitals and Sanatoria.

### Happy Hospital Patients.

Dr. Ralph Thompson, of St. Louis, writing in the November Interstate Journal of his experiences and observations "somewhere in France," speaks of the human manner in which patients are handled in the French hospitals and attributes the remarkable results they are getting largely to this fact. The idea of the hospital makes one sick, which is wrong. Any little pleasure or comfort that one has been accustomed to in his life is immediately interdicted upon entrance to the hospital. Smoking is denied him the moment he enters. In the French war zone they give a man whatever he wants. Thompson makes the suggestion that we would save all of the hospital days that have been lost by the people who are involved in the great war if we would apply similar treatment to our patients in our hospitals.

We were once markedly impressed by the excellent results obtained in patients suffering from pneumonia and craving for cigarettes, who were allowed to smoke. This would seem above all things insane, but we saw men who were doing badly immediately improve and continue to improve, and that fact always counts for more than theoretical objections.

### Franklin Hospital, Franklin, N. J.

An addition to this hospital, trebling its capacity, has been planned, to give three new wards for patients, two large solaria, an X-ray room and a drug room. A ward for men will contain ten beds. It is expected to have the addition completed in October.

### Muhlenberg Hospital, Plainfield.

Through the death of Max Munger, a prominent Plainfield resident, the Muhlenberg Hospital is to receive \$10,000 according to his will recently probated. No restrictions are attached to the legacy.

### Value of Maternity Hospitals.

Dr. E. G. Zinke, in the *Journal of the Michigan State Medical Society*, says:

In my opinion, the hospital is the best and safest place for women to pass through the ordeal of labor. This does not mean that every woman pregnant cannot be safely confined at home. It does mean, however, and this is what must be driven to the heart and mind of every accoucheur, wife and husband, that if a given case portrays signs or symptoms indicative of complications before or during labor, the patient should be conveyed to a hospital before it is too late to bestow upon her the full benefit of what the art and science of midwifery afford. This, in turn, means that the patient should present herself to the physician early in her pregnancy, the earlier the better. If he is competent and does his duty, everything will be done to secure for her the best opportunity to evade the dangers that may jeopardize her health or life and that of her offspring.

The most essential points that should be determined in every case of pregnancy, as

early as circumstances and conditions will permit are:

1. Does pregnancy really exist? If so
2. Is it intra-uterine?
3. Is the patient well or is she the victim of some disease or deformity?
4. Is the pelvis sufficiently ample to permit of the passage of a full-term child?
5. What is the attitude of the child in utero?
6. Are there indications of an ectopic implantation of the placenta?

In the great majority of cases every one of these six points can be readily determined. Should it be impossible to ascertain the foetal attitude, it may possibly mean a faulty or a complex presentation, and the patient should be advised to go to a hospital for that reason.

#### Cooper Hospital Training School, Camden.

The graduation exercises of this training school were held on May 25, at which time thirteen nurses received diplomas. Dr. Thomas B. Lee, of the gynecological staff, delivered the address to the graduates; the presentation of pins was made by Dr. A. Haines Lippincott, of the surgical staff and the presentation of the prize by Dr. J. Lynn Mahaffey, of the medical staff. The diplomas were conferred by Augustus Reeve, president of the board of managers.

#### Monmouth Memorial Hospital Training School.

The nineteenth annual commencement exercises of this training school for nurses were held in the auditorium, Long Branch, on May 18, when State Senator Ackerson, of Keyport, made the principal address. Dr. Edwin Field, of Red Bank, delivered the charge to the nurses and presented the diplomas.

#### State Hospital, Trenton, Training School.

Five young women graduated June 9 from this training school for nurses. The exercises were held in the hospital chapel with large attendance. The address to the graduating class was delivered by Prof. H. C. McComas, of Princeton University. The diplomas were presented by Dr. Luther M. Halsey.

#### State Hospital, Morris Plains, Training School.

The graduation exercises of this nurses' training school were held in the hospital assembly hall on the evening of June 14, when five nurses graduated. Dr. B. D. Evans, medical director, presented the diplomas and class pins. Rev. Harry S. Everett, of Jersey City, delivered an excellent address on "The Dangers of Professionalism."

#### Bonnie Burn Sanatorium, Scotch Plains.

The following is the report of Superintendent J. E. Runnells for 1916:

On June 1st there were present 117 patients—74 men and 43 women. During the month 21 patients have been admitted, 12 men and 9 women.

These are classified as to the stage of disease as follows: Incipient, 3; moderately advanced, 4; far advanced, 13; tubercular glands, 1. Total, 21.

The largest number present during the month was 117, smallest number 106. Patients present

on June 30th, 1916, 113—72 men and 39 women. Daily average, 109.8.

There have been 23 patients discharged or died during the month—13 men and 10 women.

#### Verona Tuberculosis Sanatorium.

Dr. Thomas N. Gray, chief of the Bureau of Tuberculosis of the Newark Board of Health, presented the report for June last month. Twenty patients were discharged and 21 were admitted, total number treated during month, 76. There had been but one death out of the 76 cases. Sixty-eight children had been examined at the bureau clinics, 61 of whom, or 89 per cent. were found to be tuberculous; 32 were active and 29 latent cases. The total attendance at the various clinics was 563. During the month 234 cases of tuberculosis were reported to the department; 97 by physicians, 83 by bureau clinics, 18 by the Glen Gardner clinic, 16 by the Soho clinics and 15 by the hospitals.

Some people say they are afraid to go to a sanatorium for fear of catching tuberculosis. Such a fear merely shows their ignorance of a well-regulated sanatorium. It is almost as ridiculous as to object to going to a dentist for fear one will catch the toothache. The truth is that a good sanatorium is careful to collect and destroy the sputum, and there is much less danger of infection than in a large city where people expectorate on the streets or walls of a building. The mere fact that most patients do make remarkable improvement while taking the cure at a sanatorium is the best proof that they are not reinfecting themselves nor catching other people's bugs. The results are what count. "By their fruits ye know them."—Miles Collins, "Journal of Outdoor Life."

## Marriage.

CORNELL-CARPENTER. — At Thompson, Pa., June 29, 1916, Dr. Virgil H. Cornell, of Cedar Grove, N. J., to Miss Clarison Carpenter, of Thompson, Pa. They will reside in Caldwell, N. J.

## Deaths.

BLUNDELL.—At Allendale, N. J., June 30, 1916, Dr. William Blundell, of Paterson, N. J. aged 80 years.

Dr. Blundell graduated from the College of Physicians and Surgeons, New York City in 1861. He enlisted in the service in the Civil War, soon after and settled in Paterson after the war closed. He was one of the oldest practitioners in the State. He was a member of the Passaic County Medical Society and of the Medical Society of New Jersey.

COURTRIGHT.—At Newark, N. J., June 28, 1916, Dr. Everett P. Courtright, aged 49 years.

Dr. Courtright graduated from the Jefferson Medical College, Philadelphia, in 1890; he was formerly attending physician to St. Michael's Hospital and the Foster Home. He was a member of the Essex County and the State Medical societies.



**QUIMBY.**—In New York City, May 3, 1916, Dr. George A. Quimby, the oldest living alumnus of the N. Y. University Medical School, from which he graduated in 1856. He was born in Parsippany, N. J. After a year on the staff of the N. Y. Hospital, he opened an office in Morristown, N. J., remaining there until 1864 when he returned to New York where he served on the staff of St. Luke's Hospital.

**YARD.**—At Trenton, N. J., June 28, 1916, Dr. Pearson William Yard, aged 52 years. Dr. Yard graduated from the New York University in 1889. Death was caused by septicaemia from a pin scratch.

**SELVAGE.**—At Newark, N. J., July 7, 1916, from typhoid fever, Dr. Charles Edwin Selvage, aged 33 years.

Dr. Selvage graduated from the College of Physicians and Surgeons, N. Y., in 1906. He was a member of the staff of the Orthopedic Hospital, Manhattan; City Hospital, Newark, and the Orange Hospital. He was a member of the Essex County Medical Society, The Medical Society of New Jersey, and the A. M. A.

**PUTNAM.**—At Jersey City, N. J., July 13, 1916, Dr. Charles Eugene Putnam, aged 51 years.

Dr. Putnam graduated from the New York Homeopathic Medical College in 1883. He was formerly a member of the Jersey City Board of Health. He was a member of the Hudson County Medical Society and of the Medical Society of New Jersey.

## Personal Notes.

Drs. Frank C. Ard, B. V. D. Hedges, F. J. Hughes and W. H. Murray, of Plainfield, and R. R. Sinclair, of Westfield, have been made the Medical Milk Commission, No. 4, of Union County.

Dr. Irving E. Charlesworth, Bridgeton, has been appointed on the Bridgeton Hospital staff in place of Dr. J. H. Moore, resigned.

Dr. Lancelot Ely, Somerville, and family are at their camp near Roxbury along the Delaware River.

Dr. Elam K. Fee, Laurenceville, and family are spending their summer vacation at Camp-town, Pa.

Dr. Francis H. Glazebrook, Morristown, and wife are receiving congratulations on the arrival of a baby daughter in their home.

Dr. Samuel C. Haven, Morristown, and family are spending a few weeks in camp in Canada.

Dr. John F. Hagerty, Newark, made a brief visit at Point Pleasant last month.

Dr. Edward J. Ill, Newark, daughter and her children are at the doctor's summer home at Island Heights, N. J.

Dr. William S. MacLaren, Princeton, and family are at their cottage at Bay Head for the summer.

Dr. J. Lynn Mahaffey, Camden, spent a week last month touring western Pennsylvania in his auto.

Dr. D. J. M. Miller, Atlantic City, discussed Dr. Koplik's paper on "Meningitis in the New Born," at the annual meeting of the American Pediatric Society in May.

Dr. Charles H. Mitchell, Trenton, and wife

spent a few days at the Hotel Traymore, Atlantic City, in July.

Dr.-Mayor Victor Mravlag, Elizabeth, has yielded to the solicitation of his many friends, in announcing that he will again be a candidate for mayor this fall.

Dr. Ira T. Spencer, Woodbridge, and wife visited relatives in Providence, R. I., last month.

Dr. George C. Albee, South Orange, and wife are motoring out of the city during the week-ends of the summer.

Dr. Edward A. Ayers, Branchville, has been appointed by the local Board of Education as medical inspector of schools, salary \$2 per hour.

Dr. Paul L. Cort, Trenton, who has been ill for several weeks is reported as much improved.

Dr. William James, German Valley, took a medical corps examination in New York recently preparatory to entering military service.

Dr. John F. McWilliams, Somerville, and his mother spent two weeks at Middletown, N. Y., last month.

Dr. Ephraim Morrison, Newton, who had been ill for several weeks, has recovered and resumed practice.

Dr. H. Morton Pierson, Roselle, lectured on "Infantile Paralysis," under the auspices of the Public Library in July.

Drs. George H. Sexsmith and F. M. Corwin, Bayonne, were elected members of the Executive Committee of the Bayonne Hospital last month.

Dr. Augustus L. L. Baker, Dover spent a month at the Plattsburg military training camp recently.

Dr. Guy Otis Brewster, Dover, took a ten-day automobile trip through Pennsylvania last month.

Dr. Charles V. R. Bumsted, Newark, and family are spending the summer in the Adirondacks.

Dr. Ralph R. Charlesworth, Millville and wife motored to Baltimore, Md., last month.

Dr. Frank M. Donohue New Brunswick, and family spent three weeks last month at Chataqua and Bluff Point, Lake Champlain.

Dr. Alexander MacAlister, Camden, was re-elected secretary of the State Board of Medical Examiners recently.

Dr. William G. McCormack, Whippany, has been appointed the Board of Health physician.

Dr. Alexander Marcy, Jr., Riverton, discussed Dr. B. C. Hirst's paper on "The Training in Obstetrics that the State Should Demand Before Licensing a Physician to Practice," at the meeting of the Obstetrical Society of Philadelphia.

Dr. Frank H. Mikels, Greystone Park, has been appointed pathologist at the Morris Plains State Hospital.

Dr. Clifford Mills, Morristown, has been re-appointed medical inspector of the Morristown schools.

Dr. Valentine Ruch, Jr., Englewood, has been elevated to the rank of major in the medical corps, National Guard, at Sea Girt. Dr. Anthony W. Lamy, Elizabeth, has been raised to the rank of captain.

Dr. Walter E. Cladek, Rahway, spent two weeks in the Adirondacks recently.

Dr. Samuel Freeman, Trenton, returned last

month from a three weeks' stay in the Pocono Mountains.

Dr. Roland I. Haines, Camden, and son made a two weeks' auto trip through Western Pennsylvania recently.

Dr. B. Van Doren Hedges, Plainfield, was registered last month at the Banff Springs Hotel, Sulphur Mountain, in Canada.

Dr. Bonn W. Hoagland, Woodbridge, recently returned from a week's sojourn in Vermont.

Dr. Ralph H. Hunt, East Orange, reported last month at the meeting of the Essex County Mosquito Extermination Commission that Essex County had never had so few mosquitoes as this year.

Dr. Fred W. Owen, Morristown, who spent a few weeks in California and Colorado, stopped over on his return East to spend two weeks on Lake Champlain.

Drs. O. H. Sproul and F. A. Thomas, Flemington, attended the meeting of the Lehigh Valley Medical Society last month.

Dr. E. Blair Sutphen, Morristown, and wife have been staying at Lenox, Mass.

Dr. Frank G. Stroud, Moorestown, spent a few days in July at Manasquan Beach, with his wife, last month.

Dr. Theron Y. Sutphen, Newark, and daughter are spending a few weeks in Maine.

Dr. Frederick C. Webner, Newark, and wife are at their summer home in Monroe, N. Y.

Dr. Gustave A. Becker, Morristown, spent a few days at Asbury Park recently.

Dr. Archibald C. Forman, Bayonne, and family are spending a few weeks in the Catskills.

Dr. F. H. Glazebrook, Morristown, has engaged a cottage at Easthampton for the month of August.

Dr. Horace D. Bellis, Trenton, and wife are spending a few weeks in New England.

Dr. Henry M. O'Reilly, Summit, who was quite ill for several weeks, is recovering and has left Summit for a short time to regain strength.

Dr. Berth. S. Pollak, Jersey City, was elected last month one of the Board of Governors of the Grand Lodge, No. 3, Independent Order of B'Nai B'Rith.

Dr. George H. Sexsmith, Bayonne, and wife are spending the month of August in Maine.

Dr. William W. Brooke, Bayonne, has been appointed visiting gynecologist to the Bayonne Hospital.

Dr. Theodore W. Bebout, Stirling, has been reappointed medical inspector of the township schools.

Dr. Charles Calhoun, Rutherford, and family are at Erie, Pa., for the summer.

Dr. Bert. E. Keintzelman, Bayonne, and wife spent two weeks in Washington, D. C., and West Virginia last month.

Dr. Josiah Meigh, Bernardsville, spent a few days at Atlantic City in July.

Dr. Philip Marvel, Atlantic City, issued a call for an Atlantic City branch of the American Emergency Corps last month, when twenty of the prominent physicians of that city enrolled as members.

Dr. Edward B. Rogers, Collingswood, and family spent a few days at Asbury Park last month.

Dr. William G. Schaffler, Lakewood, and

wife are at the Essex and Sussex Hotel, Spring Lake, for the summer.

Dr. George A. Van Wagenen, Newark, and wife are at their summer home at Lake Hopateong.

Dr. Watson B. Morris, Springfield, and wife are spending two weeks in the Adirondacks

## Medico-Legal Items.

**Privileged Communications.**—Under the Missouri statute declaring that a physician shall be incompetent to testify as to any information which he may have acquired from any patient while attending him professionally, which information was necessary to enable him to prescribe as a physician, it is held that a physician's testimony, in a prosecution for abortion, that the prosecutrix had made statements to him as to the cause of her condition, was competent.—*State v. Garryer*, Missouri Supreme Court, 180 S. W. 850.

**Hearsay Evidence.**—In an action for personal injuries in alighting from a moving train a doctor was allowed to testify that the plaintiff told him a day or two before the trial and some months after the injury that he was still spitting blood. It was held this was erroneous. It was, of course, competent for the plaintiff so to testify, but that did not make it permissible for the doctor to repeat this self-serving statement.—*St. Louis, I. M. & S. Ry. Co. v. Bostic*, Arkansas Supreme Court, 180 S. W. 988.

**Evidence in Malpractice Cases.**—The plaintiff in an action against a surgeon for negligence in unsuccessfully grafting skin to an empty eye socket for the purpose of permitting the use of an artificial eye, has the burden of proving that the operation was negligently and unskillfully performed. A verdict for the defendant was held to be sustained by evidence that twenty-four years before a similar operation had proved unsuccessful, as did also the other operations which had been performed after that of the defendant.—*Nye vs. Clark*, 193 Ill. App. 505.

**Liability of Charitable Hospitals.**—In Pennsylvania the law is well settled that a charitable hospital for the care and treatment of the diseased and injured and its trustees charged with the management thereof are not liable for the negligence of a nurse in administering poison to a patient by a mistake, the nurse not being incompetent, nor the corporation or its officers negligent in selecting her. This doctrine seems to be in harmony with the decisions in the federal courts.—*Paterlini v. Memorial Hospital Assn. of Monongahela City*, 229 Fed. 833.

**Burden of Proof of Negligence Is on Plaintiff.**—In an action for damages against a physician for the negligent performance of a surgical operation, in that a gauze sponge was negligently left in the plaintiff's abdomen, it was held to be injurious error to charge at the request of the defendant's counsel that, "If you find that the gauze was left in the abdomen



of plaintiff and the incision sewed up by defendant or allowed to heal over it, the burden of proof is on defendant to show that it was not left there by any carelessness or negligence of his." In an action for negligence, the burden of proving the negligence of the defendant is upon the plaintiff, and as a proposition of the law for the jury's guidance at the close of the case, it never shifts to the defendant.—*Niebel v. Winslow*, New Jersey Court of Errors and Appeals, 95 Atl., 995.

**Malpractice—Burden of Proof on Plaintiff.**—In an action against a physician and surgeon for negligence in the treatment of an injured finger, it was held that expert testimony as to what would be the ordinary, usual and approved method for treating the finger under like circumstances, was properly admitted. In such an action the plaintiff must show that the defendant's treatment either did something that physicians and surgeons of ordinary care, skill and diligence would not have done under similar conditions, or that the defendant omitted to do some particular thing that they would have done under similar conditions, and must further show that the injury directly resulted from the neglect or omission shown.—*Heir v. Stites*, Ohio Supreme Court, 110 N. E. 252.

	Exam.	Passed.	Failed.
Colorado, January ..	4	3	1
Connecticut, March*	1	1	0
Florida, December ..	26	13	13
Idaho, April .....	17	17	0
Iowa, February .....	17	16	1
Kansas, February ...	5	5	0
Maine, March .....	7	7	0
Massachusetts, May ..	22	8	14
New Mexico, April ..	3	2	1
Nevada, May .....	5	4	1
New York, January ..	146	93	53
Rhode Island, April..	5	1	4
Vermont, February ..	3	3	0
Washington, January.	29	22	7
Wisconsin, January..	14	10	4

\*Homeopathic Examining Board.

**Two Years' Preliminary College Course Required.**

A bill has been introduced in the Georgia Legislature requiring a college course of two years as a preliminary for admission to any medical schools in the State. The bill also provides that there shall be no appeal from the decision of the Board of Medical Examiners when the license of a physician is revoked.

**College Raises Requirements.**—The University and Bellevue Hospital Medical College, New York, beginning with the class entering September, 1918, will require two years of college work before admission. This increase in entrance requirements is made necessary because the facilities of the college are greatly overtaxed by the present classes, the previous requirements having included only one year of preparatory college work. By arrangement with the academic department of New York University it will now be possible for students after six years and a half to obtain the combined degree of bachelor of science and doctor of medicine.

**Medical School Graduates.**—Seventy-three graduates of the Colleges of Physicians and Surgeons, New York City, received the degree of doctor of medicine on June 7. On the same day New York University conferred the same degree on forty-six graduates of the University and Bellevue Hospital Medical School. Cornell University Medical College on June 8 conferred the degree on four women and twenty-six men graduates. Dr. L. A. Stimson, who returned recently from the war zone, addressed the class.

Twenty graduates of the College of Physician and Surgeons, Boston, Mass., were given diplomas and the degree of doctor of medicine on June 5.

**Public Health Items.**

**Poliomyelitis Epidemic.**

There seems to have been an increase in the daily number of cases of infantile paralysis in the State, and spreading over a large territory, especially in the northern part of the State. No cases, however, at last accounts have occurred in Sussex and Warren counties. The vast majority are of children between the ages of two and five years. From the beginning of the epidemic up to July 31, more than 525 cases have been reported in New Jersey, with a mortality of about 28 per cent. In New York City up to July 26, the total number of cases reported was 3,260, with 682 deaths.

**Thankfulness for Health.**—Men that look no further than their outsides think health an appurtenance unto life, and quarrel with their constitution for being sick; but I that have examined the parts of man, and know on what tender filaments that fabric hangs, do wonder that we are not always so; and considering the thousand doors that lead to death, do thank my God that we can die but once.

—Browne.

The curse of most places where invalids congregate is the perpetual drivel of people gossiping about the repulsive details of their interiors, till the brain becomes infested with pulse, temperature, sputum, and all the other local color of disease, to the exclusion of everything that is vivid and human and significant and worth thinking and talking about. Disease, like many other physical things, is not unseemly in itself, but is unseemly as a subject for idle chatter, and gains a force out of all proportion to its real importance by being continually dwelt upon.—Charles T. Ryder, M. D., "Journal of Outdoor Life."

**The Care of the Child.**—The duty of bringing up children belongs to the mothers, and whatever we do we must not be too ready to relieve them of their responsibility; we can, however, do much to see that the rights of children are not ignored and that the mothers have the opportunity given them of learning how best to rear their children.—H. T. Ashby, Infant Mortality.

**Mortality of Pneumonia in Children.**—Dr. Pisek and Pease, from a study of a thousand

cases have established a mortality-rate for pneumonia in children of 34.3 per cent. This is probably a higher rate than obtains in private practice, but is the average for city dwellers. Bronchopneumonia is pre-eminently a disease of the first two years of life, and after the third year is relatively uncommon. Lobar pneumonia is the type of the disease which is present after the third year in practically all cases, if those which are frankly secondary, or in which the pneumonia occurs as a terminal infection, are omitted.—American Journal of the Medical Sciences.

#### Statistics of Death Due to Childbirth.—

Zinke states that during the past fifty years Germany has lost 400,000 women from puerperal causes, while in the United States during the same period, the loss is estimated at 1,000,000. During the past forty-five years our population has increased by 40,000,000, while in Germany the increase is about one-half this figure. With a like increase in population during the next fifty years, the death rate from puerperal affections remaining unchanged the mortality will be appalling and the morbidity is computed now at three or four times the mortality. To show how much of this is really preventable, we only have to bear in mind the absence of mortality in well conducted maternities when all conditions can be controlled.—Bulletin of the Lying-In Hospital of New York.

#### Vacations and Typhoid Fever

The rules for protection against vacation typhoid, as laid down by the New York State Department of Health, are as follows:

One—Patronize only resorts that have a safe water supply, and approved modern sanitary arrangements.

Two—Address a letter to "The Health Officer" of the village or town to which you contemplate going and ask him if the water and milk supply are safe and if the sewage is disposed of in a proper manner.

Three—Use only water that has been boiled or otherwise purified for drinking or culinary purposes.

Four—Drink only pasteurized milk.

Five—Protect all food from flies and other insects by screening doors and windows.

Six—See that all outhouses are fully protected from flies by screens.

Seven—Thoroughly wash in pure water all fruits and vegetables eaten raw.

Eight—Wash the hands, using nail brush freely, before eating.

Nine—Before leaving for vacation submit to typhoid inoculation. It usually protects about four years.

#### Duffy's Malt Whiskey and Our Department of Health.

At last our Department of Health, the New York Department of Health in particular, are demonstrating that they are beginning to understand what the real functions of a Department of Health should be. The old idea that the function of a Department of Health was merely to isolate smallpox cases and to fumigate rooms after measles and scarlet fever is passing away. Its functions are much

wider. Anything, without exception, that concerns the health of the people, is or should be within the domain of a Department of Health.

In the Evening Sun, which really should know better, there appeared an advertisement of Duffy's Malt Whiskey, in which the benevolent manufacturers of that dope advised the people weakened by the gripe or pneumonia to tipple regularly some of their whiskey before each meal and on retiring. The stupid and false statement was also made that their whiskey is a "predigested food in liquid form."

The New York Department of Health, in its Bulletin, promptly took up the advertisement, and showed that the advice was vicious, and that under no circumstances should whiskey be used for building up the system. It would be an excellent thing if the Department of Health collected sufficient money to follow up each fraudulent newspaper advertisement with a counter advertisement showing the fraudulency and the absurdity of the claims of the nostrum manufacturers and advertising quacks.

**Trachoma in the United States.**—The United States Public Health Service announces that there are thirty-three thousand cases of trachoma in Kentucky, and also that among the three hundred and twenty-three thousand Indians in our country, fully sixty-five thousand are infected. It was found, too, to be prevalent in the public schools of one of the southern cities last spring.

**Public Health in Queensland.**—The annual report of J. I. Moore, Commissioner of Public Health of Queensland, to June 30, 1915, shows a gratifying state of the public health for the period named. The estimated population for 1914 was 674,932, an increase of 22,377 over 1913. The crude birth rate per thousand on the estimated population for 1914 was 29.46 as against 30.26 for the preceding year. Though this presents a slight decrease, it is shown that it compares favorably with eleven other countries, none of which exceeds the figure for Queensland, that for Germany being 28.3 and that for France being as low as 19. The crude death rate for 1914 was 9.97, which is said to compare favorably with other Australasian states, and is lower than that of twelve other countries, the figures for which for the year 1912 range from 12.4 for Canada to 18.2 for Italy. The infant mortality rate per thousand born for children under 1 year was 63.87, an increase over the previous year, when the figure was 62. This again is shown to be lower than the figures of other countries for the years 1912 and 1914, which range from 69.7 for New South Wales to 147 for the German Empire in 1912. The marriage rate, 8.73, showed a slight increase over the previous year when it was 8.68.

**Examination of Schoolchildren by Private Physicians.**—The large number of children to be examined in the public schools and the relatively small medical staff available led the department of health of New York City to allow physical examination of schoolchildren by private physicians if the parent so desired. The cards returned up to February 1, 1916, that is, during the first semester of the school year, totaled 15,606, or 16 per cent. of the total number of children examined during



that period. This indicated that about one-sixth of the parents had availed themselves of the opportunity to allow a private physician to do public health work. The results of the examinations made by school inspectors and by private physicians have been tabulated for comparison, showing the percentage of defects found in the children examined. Taken as a whole there is a large degree of correspondence between the two sets of figures. There is, however, a high proportion of cardiac, pulmonary, orthopedic and nervous defects found by private physicians. It is estimated that these examinations made by private physicians has meant a saving of nearly \$12,000 to the department of health.

## STATE DEPT. OF HEALTH REPORT

### Morbidity Report for April.

The total number of communicable diseases reported was 2,486; of which there were the following:

Typhoid fever, 40 cases; diphtheria, 441; scarlet fever, 563; tuberculosis, 984; chicken-pox, 442; other diseases, 16.

### Mortality Report for April.

Total deaths 3,548 of residents and 47 of non-residents, or a resident death rate of 14.53 for the month.

By age periods there were 551 deaths among children under one year, 303 deaths of children over one year and under five years, and 1,123 deaths of persons aged sixty years and over.

A decided decrease is shown in the number of deaths reported for the month. Measles still continues above the average, 66 deaths having occurred from this disease, as compared with an average of 29 for the previous twelve months. Cancer also shows an increase in the number of deaths for the month, while tuberculosis of the lungs, diseases of the nervous system, diseases of the circulatory system, pneumonia and diseases of the digestive system all show a decrease.

## Books Received.

*All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.*

**Surgical Operations with Local Anesthesia,** Second Edition. By Arthur E. Hertzler, A. M., M. D., F. A. C. S. Surgeon to the Halsted Hospital, Kansas; the Swedish and General Hospitals, Kansas City, Mo. 327 pages; 173 illustrations, cloth bound, price, \$3.00. Surgery Publishing Company, New York.

This second edition of Hertzler's Local Anesthesia is an expansion of the first, published some years ago, in its range of application of local anesthetics; i. e., in the operations for which the author recommends their use replacing a general anesthesia.

The plan of the book is, mention, first, of the drugs used, Cocain, Quinine and Urea Hydrochloride, Novocain, Epinephrin; then, of their use in sequence or combined; here Com-

bined Local and General Anesthesia comes in for mention, but this not taken to mean that important method where the general is the chief and the local only adjuvant (Crile's Anoci-Association), but where, in the use of the local, a general, as Gas and Oxygen, is found desirable temporarily and then discontinued. Details as to syringes, preparation of patient, methods of injection (endermic, subdermic, nerve blocking, Schleich's edematization, intravenous local) are enumerated. The value of the local anesthetic (Quinine and Urea) in relieving after-pains is exalted. After three chapters devoted to the above, follow nineteen more on the real subject, instructive details on technic for operations on various regions of the body. The regions include almost everything, head, trunk and extremities, superficial and deep. This review cannot discuss the many interesting subjects involved, as e. g., adaptation of anesthetic to patient (children?) and the book is not intended as controversial between general and local anesthesia. But as a thoroughly practical handbook, helpful to a surgeon in using it, complete in what it covers, and aiming to take its place along side other works on the great and growing topic of Anesthesia, not pretending to replace them but to give the technic of injection for each kind of operation possibly chosen for it, the book deservedly has an important place. It is well printed and the illustrations are very satisfactory, neither too crude as sketches nor too vague as photographs.

F. W. Pinneo.

## REPORTS, REPRINTS, ETC., RECEIVED.

### Reports, Reprints, Etc., Received.

United States Life Tables, 1910—Prepared under the supervision of Prof. James W. Glover. U. S. Government printing office, Washington, D. C., 1916. Price, 75 cents per copy.

At Modern School—By Dr. Abraham Flexner. No. 2 Series of Occasional Papers, 1916. The General Education Board, New York City.

Proceedings of the Medical Association of the Isthmian Canal Zone. Panama Canal Press, 1915.

The Institution Quarterly—Issued jointly by the Illinois State Board of Charities, State Charities Commission and the State Psychopathic Institute, 1916; pages, 340.

The Rockefeller Foundation Annual Report—With report of the Director General of the International Health Commission. With illustrations.

Report on State Public Health Work, based on a Survey of State Boards of Health—By Charles V. Chapin, M. D., Commissioner of Health, Providence, R. I.

Annual Report of the National Committee for the Prevention of Blindness—130 East 22d street, New York City.

The Ninety-second Annual Report of the South Carolina State Hospital for the Insane, For the Year 1915—William C. Sandy, M. D., Medical Director.

The Clinical and Pathological Features of Chorioepithelioma Malignum—By August A. Strasser, M. D., F. A. C. S., with illustrations.

The Treatment of Paresis—By Drs. Britton D. Evans, Medical Director, and F. H. Thorne, Pathologist, State Hospital, Morris Plains.

## Food for Thought.

If we live for self, we make self not worth living for.

People who live only to amuse themselves work harder at the task than most people do in earning their daily bread.—Hannah More.

He who waits to do a great deal at once will never do anything.—Samuel Johnson.

Every noble life leaves the fiber of its forever interwoven in the world's work.—Ruskin.

"The man who wants to really live, should watch his waist measure and his chest expansion with at least the same attention which he bestows upon his bank account."—Penn. State Health Commissioner.

You do not need to choose evil in order to get on the side of wrong by not making choice at all. You can get onto the side of wrong by pure indecision and carelessness. You can slip downhill, but there is no law on earth by which you can slip uphill and make progress.—W. Charter Piggott.

The spirit of self-sacrifice which is the greatest thing in the world, for it is the highest manifestation of love, reveals its greatness not in occasional sublime deeds, but in the commonplace affairs of every day.

We are all of us whether young or old, famous or obscure, people of influence. We can not live a day without affecting the world somewhat for good or ill, whether we will or no. We are all a part of life's forces, whether we know it or not. Be as humble as you like, you are still a person of influence, if not by your own choosing, then often by God's decree. It may be only a smile or a simple kindness that you have given to a little child, but it starts agencies you little dream of; or it may be some selfishness or lack of honor, some weakness in you that sets in motion a long train of hurtful and sad influences or circumstances. For all life is connected, and whether you wish it or not your life affects lives.—Anna B. McCall.

Many of us are wonderful economists when it comes to making a little goodness go a long ways. We hate to waste it, or to show it when we know it will not be appreciated. But Marivaux put a large truth into a brief epigram, nevertheless, when he said: "In this world it is necessary to be a little too good in order to be good enough."—Great Thoughts.

The beauty of good breeding is that it adjusts itself to all relations without effort, true to itself always, however the manner of those around it may change. Self-respect and respect for others—the sensitive consciousness poises itself in these as the compass in the ship's pinnacle balances itself and maintains its true level within the two concentric rings which suspend it on their pivots.—O. Wendell Holmes.

## Why Should Physicians Read the Advertisements?

### Because:

**FIRST**—The State Medical Journal keeps them informed about physicians' supplies, and where to purchase them. It saves them money.

A physician who attended the American Medical Association, at Detroit, failed to read the special round trip railroad offer in his own Journal. He paid full rates.

**SECOND**—The Medical Journal is the natural medium in which physicians would read the advertisements. They would not look for physicians' supplies in the advertising pages of magazines, or daily papers.

**THIRD**—A physician who reads an announcement in the current issue of his Journal, knows he can consult it again. Circular letters go into the wastebasket; but advertisements are preserved for future reference in the bound volumes of his Journal.

**FOURTH**—A physician knows advertisements in his State Medical Journal have been censored for his benefit. He can rely on them.

**FIFTH**—Every physician knows that progressive men read advertisements. The man who don't keep abreast of developments pays a premium for his ignorance.

A bunco artist sold a "gold brick" to a lumberman in the forests of Canada, and was back in Quebec before the "sucker" discovered the trick. On being asked how he came to buy a "gold brick," when newspapers contained accounts of the scheme every week or so, the victim replied: "D—n the newspapers; I never read them."

**SIXTH**—Every physician who is a member of his County Medical Society is a joint owner in his State Medical Journal. He has a personal interest in its success. If he reads and answers the advertisements they will be repeated. Advertisements supply the revenue for a larger and better Medical Journal. Self-interest should prompt every physician to read his own State Medical Journal *through*.

Paste this verse on your medicine case.

*"Is there a man with soul so dead,  
Who never to himself hath said,  
All advertisements should be read."*

**MORAL**—Read the advertisements in this issue, answer some of them, and let the advertisers know you saw them in this Journal.

## FOR RENT

Second story flat over drug store at Long Branch, N. J., occupied by Italian physician for past seven years, will be vacant after October 1st, 1916. For particulars, address

**MRS. J. R. E. MULHOLLAND**

126 Garfield Avenue

Long Branch, N. J.

## UNUSUAL OPPORTUNITY FOR PROFESSIONAL MAN

Beautiful private home, Bergen Section of Jersey City, N. J. Fully equipped doctor's office with home accommodations and board. Extensive medical library, instruments, etc. Splendid location, convenient to trains, trolleys and tubes. Private garage with privilege of car optional. Must be seen to be appreciated. For information address **HUGH MACINNES**, 270 Culver Avenue, Jersey City, N. J.





*Yours Truly*  
*Wm J Chandler*

*President of the Medical Society of New Jersey, 1915-1916*





# Journal of The Medical Society of New Jersey

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## REPORT OF THE ONE HUNDRED AND FIFTIETH ANNUAL MEETING OF The Medical Society of New Jersey

SCIENTIFIC PROGRAM, ADDRESSES, ORATIONS AND ORIGINAL PAPERS

Asbury Park, N. J., June 20-22, 1916

### PRESIDENT'S ADDRESS.

BY WILLIAM J. CHANDLER, M. D.,  
South Orange, N. J.

The Medical Society of New Jersey:

Gentlemen and Ladies:—There has been assigned to me the pleasant duty of presenting to you a brief historical sketch of this Society from its inception down to the present time. This may well be paraphrased in the words of the Latin poet,

"Ars longa, vita brevis est."

The chariot of time rolls ceaselessly and irresistibly ever onward. We join the procession for a brief moment and are speedily launched on the shores of a vast and unending eternity. Compared with the eons since this sphere was whirled off into space and its crust began to harden, or even since the earliest signs of animal life appeared deep down in the waters, one hundred and fifty years seem like a mere point in the journey of time. But to us, living from day to day or year to year, this period, comprising as it does several generations of mankind, appears quite extended and with this latter conception we are met here to-night to celebrate the sesqui-centennial of the Medical Society of New Jersey—the *oldest State Medical Society in this country*.

In considering the history of this Society, and especially its formation, we should be conversant with the general territorial, political and social conditions of that period. In 1766 New Jersey was a province in the continental possessions of the British

government, and was ruled by governors appointed by the crown. Its geographical boundaries were coterminous with those of the present day. Its first settlers coming in from the sea naturally made their abodes near the coast or along the banks of the rivers and streams flowing into the sea. Hence we find the earlier settlements along the Hudson and the Delaware, and later along the Raritan. As the Hudson and the Delaware marked the eastern and western boundaries of the province, and the settlements along these streams were separated by dense forests of pine, oak and cypress, communication between the two sections was difficult and hence arose the designation of East Jersey and West Jersey. The former embraced the towns of Newark, Elizabethtown, Perth Amboy, Morristown, New Brunswick and Princeton, while Salem, Bridgeton, Burlington and Bordentown were contained in the latter. There were also essential differences in the characteristics of the two sections due to the varying political and religious tenets of the settlers. In the East the doctrines of John Calvin prevailed, while in the West the Quakers largely predominated. Did time permit it would be most interesting ethnologically to note some of the developments in these two communities resulting from this difference of origin.

*Means of communication difficult.* The difficulties experienced by travellers in passing between East Jersey and West Jersey were various and tended to prevent frequent intercourse. It took then more days than it now does hours to make the

trip from Philadelphia to New York. Our elegant Pullmans and two or three hours time make it a trifling matter to go from one city to the other. Then there were no stage coaches except for portions of the way and a man who wished to go from Salem to New Brunswick relied on his horse. It was not till 1837 that stage coaches made the trip from Trenton to New Brunswick, and then only on Mondays and Thursdays. Our physician of 1766 traveled on horseback. He took not the road but the trail through the forests, fording the rivers and streams, which were often rapid and swollen by rains, making travel possible only by daylight. The trip from Cape May to the northern end of the State consumed four or five days, and even then there was danger by day from bandits and by night from horse thieves. Raids by Indians from the wilderness over the Pennsylvania border had to be considered by travellers from the northern and western parts of this State. Stage waggons and stage boats were later introduced and were considered quite luxurious.

It is interesting to note in the advertisements of that day, one of a lottery the proceeds of which, above the prizes, were to be devoted to building a road from Philadelphia to New York. In speaking of this road building, the newspapers stated that it was the first thing of such magnitude that had ever been attempted on this continent. Most of the towns numbered their population in the hundreds or less. As late as 1816 Newark had a population of less than 5,000 people.

*Irregular practitioners.* The country was overrun with itinerant doctors, mountebanks, fakers, natural bonesetters, etc. French and English military establishments brought with them educated physicians, and young men in this country studied with them or went abroad to receive academical and medical training. Many clergymen at that time took a medical course so that they might minister to the bodily as well as the spiritual needs of their people. It is a noteworthy fact that the first president of this Society was the Rev. Robert McKean, of Amboy, who came as a missionary from the Society for the Propagation of the Gospel in Foreign Parts. On his tombstone is inscribed the following: "An unshaken friend, an agreeable companion, a rational divine, a skilful physician, and in every relation in life a truly benevolent and honest man." What higher tribute can anyone ask for an epitaph?

About the middle of the 18th century medical schools were established in this country, but they were few and incomplete in their appointments. The first recorded attempt to teach anatomy by dissection was made in New York by Drs. Bard and Middleton. They used the cadaver of an executed criminal.

A few local medical societies were formed in some of the larger cities, but no one had yet conceived the idea of forming a society of State-wide dimensions. But man is a gregarious animal and some of the physicians of East Jersey were imbued with such wisdom and foresight that they devised a plan by which all of the physicians of the province could be brought into one society and thereby secure advantages both for the State and for themselves. Their first step was to form a "Voluntary Association of such gentlemen of the faculty as might approve of the design," and as a result the following advertisement appeared in the New York Mercury:

A considerable number of the practitioners of physic and surgery, in East New Jersey having agreed to form a society for their mutual improvement, the advancement of the profession and promotion of the public good, and desirous of extending as much as possible the usefulness of their scheme, and of cultivating the utmost harmony and friendship with their brethren, hereby request and invite every gentleman of the profession in the province, that may approve of their design, to attend their first meeting, which will be held at Mr. Duff's, in the city of New Brunswick on Wednesday, the 23d of July, at which time and place the Constitution and regulations of the Society are to be settled and subscribed.

East New Jersey, June 27th, 1766.

In consequence of this, a large body of the most respectable practitioners in the Eastern division of the province met on the day appointed at New Brunswick, where they formed themselves into a Standing Society and Voluntary Incorporation, according to the following plan:

INSTRUMENTS OF ASSOCIATION AND CONSTITUTIONS OF THE NEW JERSEY MEDICAL SOCIETY.

Whereas, Medicine, comprehending properly Physic and Surgery, is one of the most useful sciences to mankind, and at the same time the most difficult to be fully attained, so much so that, indeed, perfection therein is perhaps never to be acquired, the longest life spent in its pursuit always finding something new to occur



and lamenting something still wanting to perfect the art;

And, as every means, therefore, that will tend to enlarge the stock of knowledge and experience of the pursuit of this science, should be eagerly sought after and prosecuted; and whereas, among those gentlemen of particular towns, neighborhoods or districts, who have been already initiated in the healing arts and engaged in the practice, nothing seems better adapted to such a desirable end than a friendly correspondence and communication of sentiment, especially if united in a well-regulated society; the improvements of each, either from study or observation, being by this method diffused to many, and each member, as well as the public thereby being essentially benefited—exclusive of the pleasures of social intercourse and the many useful refinements that might flow from thence. And whereas, further considerable advantages of societies of this kind, properly instituted, might frequently arise, particularly where the laws or custom has not established necessary regulations respecting the admission of candidates, the due rewards for practitioners' services, the maintenance of the dignity of the profession, and the security of the public from impositions and the like, it being in such cases, till better remedies be provided, in the power of a society, including the respectable practitioners of a city, county, or larger district, to do much for the advancement of their art, and the interest of the people among whom they reside;

Therefore, moved by sentiments of this kind, and with the most upright and sincere intention of promoting the above-mentioned and other good purposes, we, the subscribers, Practitioners of Physic and Surgery in New Jersey, now assembled, have agreed to form ourselves, and do hereby form and unite ourselves into an amicable and brotherly society, to be called and known by the name of "The New Jersey Medical Society." And for the better carrying out said good designs into execution, have voluntarily and unanimously consented to, ratified and confirmed the following Articles of Laws as the fundamental Constitutions we do hereby engage, each for himself, to the whole, and to one another, as far as possible, inevitably to observe and fully to submit to, as obligatory on us.

1stly. That we will never enter any house in quality of our profession, nor undertake any case, either in physic or sur-

gery, but with the purest intention of giving the utmost relief and assistance that our art shall enable us, which we will diligently and faithfully exert for that purpose.

2dly. That we will at all times when desired, be ready to consult or be consulted by any of our brethren, in any case submitted to us.

3dly. That we will not pretend to or keep secret any nostrum or specific medicine of any kind, as being inconsistent with the generous spirit of the profession, but will at all times be ready to disclose and communicate to any member of the Society, any discovery or improvement we have made in any matter respecting the healing art.

4thly. That we will on all occasions treat one another as become the medical character, and that each of us will respectively do our utmost to maintain harmony and brotherly affection in the Society, to promote the usefulness of it both to the profession and the public, and at all times to support this institution and advance the dignity of medicine.

7thly. That as the widely dispersed situation of the members of this Society will for the most part render a general meeting oftener than twice a year inconvenient, it is agreed that we will form ourselves into less Associations, and shall meet at least once in two months, in order to converse on some medical subject, to communicate any particular observation, or otherwise to advance the general scheme. And that each of these less Societies shall keep minutes of their several proceedings, to be laid before the General Society at their meetings. And that every of these smaller Societies shall have power to make such By-Laws for their own better order and regulation as they shall judge proper, provided they are in nowise repugnant to the General Laws and Fundamentals of this Society. It is, nevertheless, hereby intended, that if any member or members are so particularly situated that he or they cannot conveniently give attendance at any such smaller Society, in such case the said member or members are to be exempted from the obligations of this article, and are left to his own election in this matter. But it is expected that such members will frequent the meetings of some lesser Society as often as they reasonably can, in the manner of visiting brethren; and when anything worthy of notice occurs, that they will

speedily and freely communicate it to one of the said Societies.

8thly. That at the half-yearly or general meetings, all such other laws and further regulations, as may from time to time be judged expedient or necessary, for promoting the good purposes of the Society, shall be constituted and established; and that the Society will then take into consideration all such other matters as may come before them, either from the several inferior Societies (which are to be esteemed as so many branches of this body), or proposed by individuals in any other proper way; and will proceed in such manner therein, as they shall deem most advancive of the designs of this Institution.

9thly. That for the better regulating the Society's proceedings at their general meetings, a President shall be chosen by a majority of votes, who shall take order in all matters to be discussed in the Society, according to the custom of public bodies, collect the votes on a division, and declare the sense of the Board, and do such other things as belong to that office; and that the said President shall continue in office during two half-yearly meetings, and until the opening of the next succeeding general meeting, when a new election shall take place for the choice of a President for the year following.

10thly. That there shall, in the same manner, and for the same term, be appointed a Secretary, who shall, by the President's direction, take minutes of the Society's proceedings, and enter them fairly into a book to be purchased for that purpose at the general expense. And that the first appointed Secretary shall, in the front of said book, enter and fairly engross this Instrument of Association, and brief narrative of its rise. And that the said book of proceedings, &c., shall be carefully kept and preserved by the several succeeding Secretaries, for the use of the Society, every member being entitled to free access to it, as often as he may think proper.

11thly. That there shall, in the same manner and for the same term, be appointed a Treasurer, who shall collect and receive such mulcts and fines as may be imposed in consequence of these Fundamental Laws, and receive any moneys whatsoever that may hereafter arise from any order or regulation of the Society, and who shall disburse the same according to the directions of the Board, and shall keep in a book, for that purpose, regular accounts of his receipts

and disbursements, and at the expiration of his office lay the same before the Society for their inspection, and when discharged he shall deliver over the books and what balance may remain in his hands to his successor.

12thly. That an Extraordinary General Meeting may on particular occasions be called by the President, for the time being, with the concurrence of any five of the other members, on giving by the Secretary (who in such case is to obey) fourteen days' previous notice, and that each member so notified shall attend such extraordinary general meeting, under the same penalties with those of the ordinary half-yearly meetings.

13thly. That any gentleman hereafter desiring to become a member of this Society, shall at least one month before some general meeting signify his intention to the Secretary for the time being, who shall immediately notify the same to the several members; and the said candidate shall, at the ensuing meeting, be regularly balloted for by means of squares and triangles or such other device as may be agreed on; and if upon examining the ballots, it shall appear that three-fourths of the members present voted in the affirmative, he shall be declared a member—otherwise, not.

14thly. That this Society shall not be dissolved but by the concurrence of seven-eighths of the whole body.

Lastly, that this Society will do all in its power to discourage and discountenance all quacks, mountebanks, imposters, or other ignorant pretenders to medicine; and will on no account support or patronize any but those who have been regularly initiated into medicine, either at some university, or under the direction of some able master or masters, or who by the study of the theory and of the practice of the art, have otherwise qualified themselves to the satisfaction of this Society for the exercise of the profession.

Given under our hands, at the city of New Brunswick, the twenty-third day of July, Anno Domini, 1766.

Bern. Budd, John Griffith, John Cochran, James Gilliland, Thos. Wiggins, Robt. McKean, Chris. Manlove, Moses Bloomfield, Wm. Burnet, Lawrence V. Derveer, Isaac Harris, Joseph Sackett, Jr., Jona. Dayton, William Adams.

According to the records there were three additional members present and their names appear in the minutes of this meeting but for some unknown reason their signa-



tures were not appended to the articles of incorporation.

New Brunswick, July 23d, 1766.

The New Jersey Medical Society, being formed agreeable to the foregoing Instrument, immediately determined to hold their first session for the dispatch of business this afternoon, and in order thereto choose the Rev. Mr. McKean, President; Dr. Chris. Manlove, Secretary, and Dr. John Cochran, Treasurer, for the ensuing year.

One of the early and important matters to come before the Society was the arrangement of a table of the fees for medical and surgical services, etc. In reading over this table we are impressed with the smallness of some of the fees, especially as compared with the charges for like services at the present time. But we must ever bear in mind two things—first that money in those days purchased more of the necessities of life than a like amount does now, and, second, that the physician always furnished his medicines and charged for them in addition to his services and at a no inconsiderable profit. In the archives of the N. J. Historical Society are extant some of these old bills. They show that the charges for medicines, blisters, cups, bleeding, enemata, etc., often amounted to ten times the charge for the visits and mileage, so that the sick man in those days had frequently about as hard a time to pay the doctor as he does now.

In looking over this table we observe that the ordinary fee for a visit in the town was one shilling and sixpence; and about one shilling a mile for mileage; above fifteen miles one shilling and sixpence; and above twenty-five miles, two shillings for every mile. Consultations were fifteen shillings; phlebotomy, one and sixpence; extracting a tooth, one and sixpence; amputations of the arm, three pounds, delivery in a natural labor, one pound and a half. The full table is appended as a matter of record, but is too lengthly to read. The preamble, however, is worthy of note:

#### PREAMBLE.

The New Jersey Medical Society, considering the state of the medical practice in this Government, and apprehending, that as they have separated themselves to a profession that not only deprives them of many comforts and indulgences, which persons in other offices of life enjoy, by being at the call of anyone, day or night; but also exposes them to many disagreeable scenes and often to great dangers from contagious

diseases, &c.; besides the great expense of education, and the many painful years to be employed in preparatory studies, as well as that of the science itself, they are in an especial manner entitled to a just and equitable reward for their services, at least to live by this their useful profession. And observing that their fees or rewards are not regularly settled by law or custom, and that many inconveniences arise from a such defect and the consequent vague and indeterminate mode of practitioners charging for their services, and conceiving that it will be both for the interest of the people and practitioner to establish one general and uniform mode, having unanimously agreed to the following table, in which they have affixed such reasonable rates to most of those articles that can be ascertained in an art that admits of such a diversification of forms and circumstances, as they hope will be universally satisfactory, and such as they sincerely think are consistent with equity, and by no means higher than the usual charges heretofore generally made. And this scheme they have adopted for the sake of justice and order, to prevent unnecessary disputes and differences between them and their employers, and as far as the usage of regular and principled practitioners will in that way extend to obviate the impositions of quacks and illiterate medicators. And they do hereby bind and oblige themselves at all times hereafter to keep their accounts according to the rates therein settled and ascertained, till the Legislature shall interpose, or some other happier method be devised for determining a matter so interesting both to the public and to the profession.

After adopting the full table of fees the Society proceeded to clinch its observance by the adoption of the following resolution: Resolved and enacted that every member of this Society, shall at all times hereafter, when he makes out a bill, charge exactly agreeable to the preceeding fixed rates, without addition or diminution, and shall deliver it in this form and no other. But it is nevertheless meant and intended, that every member afterwards be at liberty to abate what part of such bills he may think proper, on account of poverty, friendship, or other laudable motives, but on no other consideration whatever, under pain of expulsion.

In conformity with the provisions of the constitution it was deemed advisable to proceed at once to establish local, or "in-

ferior" societies in different parts of the province. Accordingly, the inferior societies of Elizabethtown, of Bound Brook, of Princetown and of Morristown were formed. These lesser societies were to meet every two months to "converse on medical subjects, to communicate particular observations, or otherwise advance the general scheme and to report their proceedings at the semi-annual meetings of the General Society.

They also adopted resolutions as to giving credit for medical services, as follows:

*Resolved*, That long credit is both an injury to the practitioner and to the people.

*Resolved*, Therefore, that credit above a year is a discouragement to the profession.

*Resolved*, That each member of this Society will not credit any person (those families where they are constantly employed excepted) above three months, after his or her recovery; that all strangers ought to pay ready money for any medical services.

The adoption of these same resolutions might not be amiss at the present day.

The next meeting of the Society was held in Elizabethtown on November 4th, 1766. Four new members were elected. When the reports of the meeting of the lesser societies were called for, all with one accord began making excuses, except only the Society of Elizabethtown. How very like some of the delinquencies of county societies in days not so long since past!

The report of the Elizabethtown Society contained one matter of interest as bearing on the therapeutics and medicinal agents used in those days. Favorite prescriptions were much treasured and handed down from one physician to another. Dr. McKean reported a recipe which had been communicated to him by Dr. Ayres, of Newport, R. I. It had for its base powdered glass and was a celebrated nostrum of the late Doctor Jared Elliott, of Connecticut, under whom Doctor Ayres had several years studied. Doctor McKean knew nothing of its effects except from Doctor Ayres' information, who assured him he had seen it given, and had often given it himself with great success, in many cases, particularly dropsies and hysteric cases from relaxation. He therefore submitted it as he had it to the consideration of the Society. He would, however, first observe, that Doctor Ayres told him he was not very solicitous about the levigation of the glass, but administered frequently, not very fine,

that he never knew any bad consequences from the use of it, except when given first in too large doses, which seldom happened; and that the way to be ascertained of having given a sufficient dose, was from its immediate effect on entering the stomach, where, if a sufficient dose was taken, would instantly be felt a very severe pungent pain, and an universal shock, something like an electric stroke; this would immediately be perceived through the whole nervous system, particularly extending itself to the extremities; and if these symptoms did not follow, the dose should then be increased till those sensations were produced.

Electarium Stomachicum anti-hydropicum, vel hystericum Specificum. D. D. Elliot, Novæ Angliæ.

℞ Pulv. Rad. Gentian. } aʒi.  
Curcum., }

G. Myrrh. ʒss.

\*Glacci com., ʒiiss.

Cons. Rosar. R. vel absynth. q. s. of Elcet.

Dos. Quant. Dim. N. M. semel vel bis Die pro re nat. uso hoc medicamento Diebus 3 bus aut 4 oz. Dosis Augenda sit ad Q. N. M. semel in Die vespere, vel pomerid. post exhibitionem Remedios aliorum nempe Cathart. c. Gutt. Gamb. & Jalap.

The Society, taking the above medicine into consideration, were greatly surprised at the accounts, but judged it not prudent to recommend the use of it, without more authentic proofs of its success.

But it was not to be expected that a Society such as this with its open declaration of principles, having for its object the advancement of medical science, the elevation of professional character, and the rendering of efficient service to humanity, could be established in a community full of professional jealousies and over run with irregular practitioners of all sorts without meeting considerable opposition. Consequently we find that at this second meeting many of the members reported that some evil-minded persons had thrown an odium on the proceedings of this Society, tending to prejudice the minds of the inhabitants against so laudable an Institution. It was therefore moved to take into consideration the necessity of justifying the proceedings of this Society, by inserting the Constitutional Laws in the public prints, that thereby a general clamour may be pre-

\*Vihi (scilicet) *common glass*, the arcanum concealed under the name of Glacies.



vented, and that judicious and well-disposed people may have an opportunity to assert and vindicate the propriety of the scheme, and the Legislature induced to favor it. After mature deliberation it was

*Resolved*, That a copy of the Instruments of Association and Constitutions of the Society be prepared to be sent to the Press, together with prefatory reasons for their publication.

It was reported to the Board, that the principal clamour of the inhabitants was owing to some improper expressions having escaped some member of this Society, in regard to visiting fees and other charges which had brought the Society into disrepute with many persons who esteem it as an unjust scheme invented by the Society to bring the inhabitants to terms. It was therefore moved that every member of this Society be at liberty to charge as each of them thinks proper till the next general meeting, by which time, it was hoped, that the publication of the laws of the Society may have a tendency to remove the ill-grounded suspicions of the populace.

This motion met with considerable opposition, and after many arguments it was by vote: *Resolved*, That every member of this Society have the liberty to charge independent of the prices affixed by the Society, until the next general meeting.

Thus we see that the "fee table" is a chronic bone of contention—a veritable thorn in the flesh to the body medical. It was a number of years before a definite fee table, satisfactory to the Society, was evolved.

At the next meeting of the Society the subject of medical education was taken up. Some members mentioned that the method of educating young gentlemen for the study of physic had not been properly adverted to in this Government, but very much neglected, greatly to the detriment of the profession. The Society took the same into consideration, and agreed that for the advantage of youth and the honor of the art, that no student be hereafter taken as an apprentice by any member, unless he has a competent knowledge of the Latin and some initiation in the Greek.

The time for apprentices serving never being yet settled, though an affair of considerable importance, was taken into consideration. The sentiments of the members were very different, but it was finally agreed that no member do hereafter take an apprentice for less than four years, of

which three shall be spent with his master, and the other may (with his master's consent) be spent in some school of physic in Europe or America.

It is worthy of observation that one hundred and fifty years ago this Society instituted measures to raise the standard of medical education. It has continued this work ever since and has added to it the closely allied labor of the suppression of quackery and all forms of irregular practice. It requires length of time to educate the people and to save them from the machinations of imposters. In these efforts physicians have been accused of sordid motives, but we, and all conversant with our work, know that this is false, and that our object is humanitarian and aims to benefit the whole commonwealth. Moreover, we expect to continue this work until the laws of New Jersey are inferior to none and apply to every practitioner of medicine in this State with justice and equality.

The semi-annual meetings of the Society continued thenceforth for several years with great regularity. One meeting—that of May, 1769—is not recorded. The Society entered in the minutes of its next meeting in November, 1769, that "the violence of the storm at that time and the height and rapidity of the brooks and rivers in different parts of the country were sufficient reasons for a general absence of members." However, it was not desirable to have it appear that non-attendance was a matter of trifling importance, therefore a system of fines was established, and three successive absences without sufficient excuse constituted a valid ground for loss of membership.

The number of members increased and we note that West Jersey sent applicants for membership. In 1772, Dr. Jonathan Elmer, of Bridgeton, was elected a member. From that time down to the present there has always been on the roll of this Society the name of an Elmer. In 1787, he was made its President. Of his descendants, three others, Dr. William Elmer, of Bridgeton, in 1860; Dr. William Elmer, of Trenton, in 1895, and Dr. Henry W. Elmer, of Bridgeton, in 1905, have likewise been honored with the presidency of this Society.

The affairs of the Society proceeded in a quiet, orderly manner for a few years more and then something happened. There are some things more deterrent to attendance on medical meetings than heavy rains

or swollen streams and one of those things came upon this country in the year 1776. You all know what that was, and, Gentlemen, I am proud to say that the members of the Medical Society of New Jersey gave their services and some gave their lives for the sake of their country so that not enough were left at home to make it possible to assemble a legal quorum until that great war was over.

But as soon as peace was declared they began to get themselves together, and on November 6th, 1781, the Medical Society of New Jersey resumed its meetings. It was desirable that the Society should have the sanction of the State and in May, 1783, a committee was appointed to apply to the Legislature for a charter of incorporation, "or such other act as to them may seem proper, to regulate and restrain the practice of physic and surgery in this State." They seem to have had some difficulties in getting what they wanted, for it was not until June, 1790, that a charter was issued, "For incorporating a certain number of physicians (52 are named as incorporators) and surgeons of this State by the style and title of THE MEDICAL SOCIETY OF NEW JERSEY." This charter expired by limitation in 1815.

In 1789 Dr. Paul Micheau became a member of the Medical Society of New Jersey. He was a well educated man with a winning personality, and was destined to have an important influence on the future of the State Society. He felt the need of more frequent meetings of the local physicians and established a society for the physicians of Essex County. They met quarterly in Newark or Elizabethtown. The meetings were very interesting and well attended, so much so that they soon outnumbered in attendance the meetings of the State Society. This fact was keenly felt by the older society, and it admonished Dr. Micheau of the impropriety of establishing a new society which was acting as a rival to the State Society of which he was also a member. Dr. Micheau disregarded this warning and his society grew. The result was inevitable. The members from West Jersey were few and had so much difficulty in making the journey that they practically ceased to attend. The Essex Society held such interesting meetings that its members were not inclined to make the exertion necessary to attend the meeting of the State Society. The consequence was that the latter's meetings were so poorly attended

that they could not get a quorum, and there were no meetings held from 1795 until 1807. At that time the Legislature was called upon to legalize the suspension of meetings and elections and the proceedings at the meeting in June, 1807. An act to "Ratify and Confirm the Proceedings of the Medical Society of New Jersey" was passed in December, 1807. Since then there has been no interruption of the annual sessions.

A new charter was obtained in 1816. This provided for the establishment of a District Society in each county, and placed the control of the State Society in the hands of fifteen managers. At the next annual meeting of the State Society five district societies were constituted — Middlesex, Somerset, Monmouth, Morris and Essex. The feature of fifteen managers for the State Society was not acceptable, and in 1818 a supplement was passed making the State Society to be composed of four delegates from each of the district societies which were or might hereafter be formed. The officers of the State Society were ex-officio members of the Society. By the act of 1823 the ex-presidents of the Society were ranked as Fellows and given all the rights and privileges of delegated members. The Society is constituted on practically the same basis today. The American Medical Association, which has given more attention to the organization of State and County Societies in this country, than any other authority, found nothing to change in our charter and only a few changes in phrasing in our constitution and by-laws to make them conform to their model standards for such societies. This is truly complimentary to the comprehensive and judicious plan arranged by our predecessors one hundred years ago.

In 1820 the by-laws made provision for a committee, which was destined to take a very prominent part in the proceedings of the Society. It was called the Standing Committee. It combined in its duties the work which is now done by several committees—the Committee on Science, the Judicial Council, the Committee on Publication and a large part of the work assigned to our Board of Trustees. At first it confined its labors to the collection of reports as to the prevailing diseases in the various parts of the State, and with such questions of ethics as arose. Its work gradually increased and soon it demanded such talent as only the ablest men in the Society could give. Its membership was limited to three. In 1857 there was put on this committee a



man who later took a prominent part in the affairs of this Society. In 1860 he was made chairman of the Standing Committee, and he held this position until his death in 1889. Many of the older members of the Society will recall this man. His venerable appearance, with long flowing white beard, his courtly manner, always being garbed in the conventional full dress; his modesty and cordiality; his high literary and scientific culture and his ability as speaker and thinker made Dr. Stephen Wickes a distinguished member of this Society. He was succeeded by other able men, some of whom are still living and active workers here to-day. When the by-laws were revised in 1903 the office of Standing Committee was dropped and its duties were divided and given to several different committees.

Going back to some of the reports made on prevailing diseases, we notice that in 1822 Dr. William Pierson, of Orange, remarked on the prevalence of intermittent fever, "With respect to the cause of intermittents, D. Pierson confesses himself unacquainted, or why, if miasmatic (the fruitful source of intermittents), they should have produced more cases in the last twelve months than the aggregate amount of twenty years immediately preceding. He believes the disease originated from causes wholly independent of marsh effluvia; he thinks it opens an interesting field for etiological inquiry." In the light of present day knowledge of the causes of malarial fevers, we cannot but credit the shrewd observation of this physician of one hundred years ago.

The power of examining candidates for medical practice and the conferring of the degree of M. D. was given to this Society by the charter of 1816. For many years candidates were examined and licensed to practice by the Society. Latterly this power has fallen into disuse. It is nearly twenty years since a diploma has been granted, but the power still is vested in the Society by its present charter and by-laws. The present State laws would, however, make such a diploma a work of supererogation.

The subject of medical education was dear to the hearts of our predecessors. They took great interest in the examinations of candidates to practice in this State. Some of these examination papers are still available and I desire to briefly present the questions and answers as made in two cases.

#### EXAMPLE NO. I.

A graduate, strongly recommended was under examination in obstetrics:

*Examiner*—What do you mean by an hour-glass contraction?

The candidate appeared embarrassed, and was unable to answer. The test was therefore applied in a different form, in order to give him time for reflection.

*Examiner*—Well, then, sir, what would you do in a case of hour-glass contraction?

*Candidate*—*I would pass a wire.*

#### EXAMPLE NO. II.

*Examiner*—What are those medicines called which increase or promote the discharge from the bronchial tubes?

*Candidate*—That was the very part I intended to study before examination.

*Examiner*—What, then, do you mean by an expectorant?

*Candidate*—I can't exactly tell.

*Examiner*—Well, do you prescribe expectorants in your practice?

*Candidate*—Yes, sir, by all means.

*Examiner*—Now, as you have been in practice for several months, allow me to inquire what is your favorite expectorant?

*Candidate*—*Jayne's Expectorant*; and I use no other, because *it is the best.*

*Examiner*—Can you tell me the constituents of *Jayne's Expectorant*?

*Candidate*—No, sir; *he will not tell that.*

It is needless to say that these two candidates did not receive diplomas. These are examination papers of eighty years ago, and yet, if we were to look over the papers of candidates of the present day, in spite of the generally known high standard of requirement, we would find exhibits of equally glaring incapacity. Were it not for the rigid requirements of our State law, we would be constantly exposed to these incompetents, and hosts of other medical terrors, who would flaunt the sign of "Doctor" from their windows.

Of the recent changes in the constitution and by-laws of this Society two are worthy of passing attention. The first is the establishment of the order of permanent delegates and the second is the enrollment of all active members of county societies as associate delegates of the State Society.

The first of these measures was introduced to the Society by Dr. Henry Mitchell. It was discussed for several years and finally adopted by the Society in 1891. It has worked very greatly to the advantage of the Society and the County Societies. For this Society it obtained the interest and secured the attendance of a large number of men in different parts of the State who were familiar with its objects and appreciated the honor of the position. For the County So-

cieties it established a new incentive for faithful work and regular attendance. This position is now regarded as one of the greatest honors that a county society can offer to any of its members.

The second change, that of making all the members in good standing in their county societies associate delegates to this Society, has shown its good effect in promoting their interest in this Society and in largely increasing the attendance at our annual meetings.

It would be of great interest to review in full some of the other important and meritorious undertakings instituted and fostered by this Society either for the advancement of the standing of the medical profession or for the benefit of the State at large—the institution of insane asylums, where the poor victims of mental disease could be properly treated instead of being cast into dungeons with the vilest of criminals; the founding of a relief fund for physicians in 1849; the establishment of prize essays; the recommendation of a journal in which the proceedings of the Society could be printed, as made by Parrish in 1847, advocated later by others and finally adopted in 1904, and continued in our present well known Journal; the various enactments of our State medical laws, etc., but time will not permit.

We return therefore to the thought with which we began—the brief duration of individual life and the lasting influence of individual acts. One hundred and fifty years have gone, but the work of our predecessors remains. So one hundred and fifty years hence, when our activities shall long since have ceased and our successors shall meet to celebrate a tercentennial, this Society founded by medical men of great foresight and under most trying circumstances, and supported from generation to generation by the best and ablest men of our profession, will still remain and be known as the Medical Society of New Jersey.

"Whate'er of earth is form'd, to earth returns,"

But that which springs from noble acts  
Survives through changing ages.

### THIRD VICE-PRESIDENT'S ADDRESS.

#### ORGANOTHERAPY.

THOS. WILLIAM HARVEY, M. D., F.A.C.S.  
Orange, N. J.

To my fellow members of the Medical Society of New Jersey I wish to offer my

most sincere thanks for the great honor that they have done me in electing me to this office of vice-president. I appreciate that there is nothing that can come to a Jersey doctor in the line of his profession that can be of so great value to him or to his descendants. My gratitude for this favor from you, which you know was so unexpected, is certainly very great.

In accordance with the custom of this Society the vice-president has to deliver an address on some medical subject. The subject of my address is Organotherapy.

#### ORGANOTHERAPY.

Organotherapy is a method of therapeutics that is very old and at the same time very new. Very old, because from the beginning men have attributed virtues to the various organs of the body, and have blindly fed them to their patients without any scientific reason. They have eaten the hearts of their bravest enemies in order to assimilate those attributes that commanded their admiration and their envy. Said an old French soldier towards the end of his days, "I am a brave man, I have drunk lion's blood." Serving in Africa he had followed the custom of the savage warriors of that country, and in order to increase his ferocity he had drunk the hot blood of a recently killed lion.

Now this is not very different from feeding ground-up and baked pig's bladder for enuresis, the eyes of eagles for weak sight, the lungs of the fox for asthma, wolf's liver for jaundice, beef's heart for heart disease or the brains of rabbits for muscular tremor. All these substances have been used in medicine at different times.

Coming a little closer to our modern practice we find that the old use of rennet for dyspepsia merges into the use of extracts from the mucous membrane of the stomach and intestines of the lower animals to assist the processes of digestion.

This therapy is also very new, in that the use of these animal extracts, inaugurated by Brown-Sequard in 1889, by the use of the secretions of the reproductive organs, has only within the last twenty years become general with the profession. During this time the physiologists have been widening their use by constant experiment. Pituitary extract, one of the most important, has been used only during the last few years. There still remains much to be learned of the possibilities of this method of therapy. Dr. Starkey has urged the combination of these extracts claiming that thus the method of nature is imitated.



The literature of organotherapy is very voluminous, and the work of winnowing the chaff from the wheat almost impossible. The most that I can do, in a paper of this character, is to detail some of my personal experiences and to summarize the facts that are already well established.

Many tissues of the body have internal secretions, that is, they elaborate during the process of their own metabolism either in response to stimuli from the central nervous system, or excitant agents from the secretions of other tissues, a substance which they pour into the blood stream and which has very important functions in the body. Certain internal secretions, notably from the suprarenal capsules and the pituitary body are apparently essential to the maintenance of life, as up to the present time the ablation of these organs in the lower animals has been universally fatal.

These internal secretions are the veritable force of life. It is their presence in the blood stream that determines the processes of growth and development, that stimulates the absorption of oxygen, that controls the development of the elements necessary for the continuance of the species, that excites the protective functions of the tissues and of the blood, guarding against the invasion of disease and mobilizing the powers of the body against accident or violence.

Although immediately under the control of the nervous system and subservient to its purposes, yet the presence of these secretions are necessary for the proper functioning of this same nervous system. It is their function to keep up the automatic balance of the activities of the body that is necessary to health.

As I have said, many tissues of the body elaborate internal secretions, many glands that have an excretory duct also furnish such internal secretions, but the internal secretions that are of most interest to the therapist are those of the so-called ductless glands, of which the thyroid is the type.

"As a man thinketh so he is," says the Savant. True, but thought is dependent upon the activities of the cells of the brain, and these activities are immediately dependent upon the amount and the manner of delivery of the blood supply, and remotely upon those agencies in his economy that determine the character of the blood and the manner in which the organs of circulation deliver the blood to the nerve cells, the force and the rhythm of the flow and the condition of the capillary vessels. These agencies are the great forces of vegetable life,

the sympathetic system of nerves and the secretions of those mysterious organs, the ductless glands, that poured into the blood regulate the force and the amount of the blood supply, determine the growth, inaugurate the chemical changes in the body necessary to nutrition, stimulate phagocytosis, antagonize infections, antidote the toxins that result from errors in the chemistry of life and are intended in every way to facilitate the perfect living of the animal cell. They often are interfered with in their beneficent purpose by the too great potency of inimical poisons, and they may do harm by their failure to accomplish their function, or by the misdirection which is given to their activities.

So it may be said that as a man's ductless glands are so he is. This is not true to the same degree of any other system of the body. He is a giant or a pigmy, he is mentally active or sluggish, dependent upon whether he has a hyper or a hypo-functioning pituitary body. We know that now within limitations we may, by proper glandular feeding modify errors in growth and mentality. Is it beyond belief that with more knowledge may come greater powers of regulation so that not only may we correct errors that have begun to show themselves in the child, but by proper feeding we can intensify the tendency to higher degrees of development?

The study of the ductless glands easily divides itself into two parts. First, the anatomy, physiology or physiological chemistry and pathology. Second, the therapeutic use of the extracts prepared from the glands, which are supposed to represent the internal secretions that are elaborated by these glands and poured into the blood stream. That these extracts do not represent the entire physiological effect of the internal secretions is evident by the fact that there are often more than one extract obtainable from a given gland with opposing effects upon the system, and by the other fact that one can produce differing therapeutic effects when feeding the entire gland.

While the knowledge of the anatomy of these organs is very old, the study of their pathology began with the work of Addison in 1855. The physiological chemists took up the work many years later, but it is only during the last twenty years that much progress has been made, and some of these discoveries are most interesting and alluring in their suggestiveness. The regulation of the internal secretions from the parenchyma of the suprarenal capsules to the entire

mechanism of the body for its protection brings us very close to the vital spark itself.

And then we have the clinician treading close upon the heels of the experimenting physiologist calling our attention to the wonderful facts that are happening in his field when in the earnest pursuit for remedies in regions unilluminated by the light of experience he, in his empiricism, notes certain remarkable happenings following the administration of some gland or its extract. Undoubtedly some semblance of a theory precedes the adoption of such procedures, but often it depends upon a fancied resemblance between one group of symptoms and another, and it may be a long time before science will give a logical explanation of the rationale of a certain treatment which has become well established entirely on empirical results.

The thymus, thyroid, pituitary body, parathyroids, adrenals, reproductive glands and spleen form a circle of ductless glands all interdependent, stimulating, restraining, supplementing, superceding, disturbing and even destroying each other. The complete synchronism of the rhythm and the perfect functions of the entire circle is necessary for perfect health. Deficiency in the functional capacity of any one gland disturbs the rhythm of the concerted activities of the entire system. It is often difficult to determine which particular member of the circle is primarily at fault, and often the same symptom complex found threatening life is traceable to deviation from the normal of quite dissimilar organs. For instance, there is a condition called status lymphaticus; the first observed evidence of such condition often being sudden death, such an event is sometimes called thymic death because the cause is supposed to be some failure or excess of function of the thymus gland. Such deaths often occur during the administration of an anæsthetic. The prominent symptom is sudden and extreme lowering of the blood pressure. Not always does this condition end fatally. I have seen cases that recovered from very serious attacks of this character in which the subsequent history indicated the involvement of other organs than the thymus.

A woman, passed the menopause, needed a slight surgical operation, before the anæsthetic had been administered ten minutes, the administrator said that his patient was dying, that she had no pulse. Vigorous efforts at resuscitation, cardiac stimulation and artificial respiration were at length successful and the patient gradually came

back to normal. It was observed, however, that her arterial tension was very weak but there was no record made. It was thought that the mishap should be charged to the use of chloroform as the anæsthetic. Several years later another surgical operation being necessary, ether was used and the same thing happened, the patient nearly died from what seemed to be a sudden failure of her circulation; again after strenuous efforts she recovered. This time it seemed that the administration of adrenalin, at that time a very recent addition to our therapeutic agents, was most efficient in resuscitating our patient. Her systolic blood pressure, however, remained below 100 for many weeks, and the tachycardia was also persistent. From this time until death, some three years later, there was a progressive failure of strength, she became more and more anemic and evidences of cardiovascular failure became more apparent. The two symptoms that were most prominent were the low arterial tension and the bronzing of the skin. This symptom complex is usually called Addison's disease, and is attributed to changes in the suprarenal capsule. The end came as it usually does, by asthenia.

Another patient came from South America to have a repair operation after childbirth. There was no contra-indication evident in the pre-operative examination except the extreme nervous excitability of the patient which was said to be constitutional. Gas and ether were administered and within five minutes the anæsthetist announced that the operation must cease as the patient was dying. Here also there was an immediate failure of the arterial tension. Active efforts at resuscitation were eventually successful, although it was many hours before the pulse could be felt at the wrist. Practically nothing of an operative procedure had been done. This patient in a few days presented the typical picture of an acute Graves' disease, tachycardia, pulse weak, very low arterial tension, swelling of the thyroid and moderate exophthalmus. She rallied from the acute condition, and after several weeks returned to her home, dying, however, of the disease in less than a year. These two cases were as similar as they could be to cases of thymic death except the lethal exit, but their serious condition was due to disease of different organs.

The suprarenal capsule is really anatomically a double organ, furnishing two extracts which are quite different from each other. The secretion normal to the gland



undoubtedly represents these two substances, and the effect upon the system is the result of the combination. This secretion is the hormone of the hormones—the autonomous balance wheel—the “Kinetic Drive” of Crile.

That brilliant surgeon has made very clear the importance of this secretion in the animal economy. It is the agent used by the central nervous system to mobilize the protective forces of the body. An impulse is flashed along the splanchnics from the brain to the adrenals and immediately is poured forth the subtle secretion that sends the blood streaming to the superficial vessels, that increases the tone of the entire vascular system, that reduces the coagulation time of the blood to guard against the possible hemorrhage, that stimulates the liver to produce more sugar as fuel for the greater combustion of the tissues in the increased muscular activities soon to be required for the protection of the body from the threatened danger, that even extends its influence to the muscles of the skin to give the features the general appearance of frightfulness proper for the fending off of danger. Dr. Crile further has demonstrated that the same mechanism that underlies the phenomena of fright, also underlies the phenomena of pain, trauma, anæsthesia and shock. It has been said that shock is a composite in which epinephrin exhaustion and oligæmia are predominant factors.

It is curious to note that much of the therapeutics of these secretions has preceded full knowledge of their physiological effects. Suprarenal extract, for instance, was used as a local astringent in mucous catarrhs, and by the rhinologist for some time before the internists applied it to the treatment of shock and hemorrhage. The foundation of this use was based upon the contraction that took place when a drop of adrenalin was placed upon a blood vessel in the frog's mesentery. This local astringent effect led to its use as a styptic in epistaxis and other superficial hemorrhages. Its use as an astringent in mucous catarrhs followed, and then its use in the treatment of bronchial asthma and hay fever. It has also been used as an injection after paracentesis thoracis. For the same reason, namely, to cause contraction of the capillaries, it is added to various solutions used for local anæsthesia.

For all these purposes the extract from the medulla of the gland is used. This extract with the extract from the posterior

lobe of the pituitary body are the most active pressor agents in the body. To their pressor effects we owe the sustentation of the vascular tonus. The therapeutic value of adrenalin in shock and severe hemorrhage immediately depends upon the well-established physiological effects already detailed. There is no other remedy of more value in the shock of severe accidents, and it is a most important therapeutic agent to use in the severe collapse due to internal hemorrhage such as is seen in ruptured ectopic pregnancy. In the depression and failing circulation of a severe pneumonia I have found adrenalin to be most useful, used hypodermically to stimulate the heart and tide over an emergency. Others have used it in the cardiac insufficiency of diphtheria and emphysema. It is also our most useful reliance in the treatment of status lymphaticus, purpura and hæmophilia.

Addison's disease is a disease associated with lesions of the suprarenal capsules, usually tubercular; all of the symptoms except the changes in the skin can be explained by the failure of the gland to produce its proper internal secretions. There does not seem to have been much success attending the administration of adrenalin in these cases, we should expect that one would have better results from feeding the entire gland.

The general practitioner does not often see Addison's disease. I have had a case where such a diagnosis was made although no opportunity for confirmation by autopsy was accorded. The diagnosis was based upon the asthenia, the cachexia, the tachycardia, the low blood pressure and the bronzing of the skin. In this case adrenalin was administered by the mouth for two or three years at intervals previous to death, and there was always an improvement in all of the symptoms during the administration and the patient frequently asked to have the remedy renewed, avowing her belief that while she was taking it the uncomfortable symptoms due to her failing circulation were much relieved.

The influence of the suprarenal secretions upon the blood pressure suggests the possible evil effect of hyper conditions of the gland. We see well-marked functional and organic derangements caused by the hypo and hyper conditions of the thyroid gland and of the pituitary body. We recognize in Addison's disease a condition due to suprarenal insufficiency. What are the results of an over secretion of this same gland? All authorities agree that at pres-

ent there is no answer to this question. Hyperplasia and tumors of the suprarenal capsules have often been found associated with hypertonus and arteriosclerosis, but the problem is unsolved. Other factors to be considered are that there is an internal secretion of the kidneys and there are collections of chromaffin tissue outside of the medulla of the capsules that also furnish a similar internal secretion.

Moreover, it is a problem to decide the interdependence of hyper-tonus and arteriosclerosis; arteriosclerosis may be present without hypertonus. Probably the great majority of cases of arteriosclerosis are due to infection, the hypertonus being a protective and therapeutic measure. The whole subject is waiting for further investigation. However, we can say this, whatever the cause of the arteriosclerosis the mechanism of the increased blood pressure is through the suprarenal capsule, and the control of the blood pressure is through the thyroid gland, and that we can often reduce the blood pressure by proper thyroid feeding. It is well to remember that with many arteriosclerotics there is apparently better health with a moderately high blood pressure.

Sajous has said in his monumental work, "The Internal Secretions," "That the most fatal and distressing diseases of mankind have not been mastered, because the cardinal role of the adrenal system in their pathogenesis, prevention and cure has been overlooked."

The announcement by Brown Sequard that he had discovered the elixir of life, and that senility might be indefinitely postponed by the administration of the testicular secretions was the signal for all kinds of attempts to use such remedies. They were administered for all the diseases of the aged and were the occasion for much quackery and faking. Time demonstrated the fallacy of the original claims and the baseness of the quackery. The most that can be said is that these secretions administered by the Brown Sequard methods and with accompanying promises, have demonstrated the value of suggestion in softening the asperities of advancing years and in inducing a hopefulness and a feeling of well being that often makes them worth while even when they utterly fail to cause rejuvenation or prolong life. My own experiences have been limited to their use in arthritis deformans and in paralysis agitans, and here I am satisfied that all the improvement noticed was due to suggestion.

It would seem that we have not yet solved the problem of rejuvenation, but there is much to be expected from further study of the cause of senility. Extremely old people have clinically very healthy organs. The few centenarians whom I have examined carefully have had remarkably sound hearts and kidneys. They have escaped the secondary effects of infection and if we can ever discover the secret reason of their resistance we may be able to devise some form of glandular feeding that will considerably lengthen our days.

From the use of the secretions of the ovary however, much can be expected. They certainly ameliorate the disturbances of the nervous system consequent upon the establishment of the menopause whether natural or artificial. One of my patients, a young woman whose ovaries had been removed at the time of a myohysterectomy, suffered severely from myalgic pains in the muscles of the trunk and limbs. Corpus luteum extract relieved her and now whenever she notices a return of these symptoms she can stop the attack at once by taking the extract. This extract is also useful in many forms of dysmenorrhea, in menorrhagia and in the amenorrhea of the immature. Starkey makes the addition of the extracts of the reproductive glands an important factor in his polyglandular therapy.

To the general practitioner the great interest in the ductless glands lies in the early recognition of their diseases and in the milder forms of aberration of health due either to hyper or hypo functioning of these glands.

It is well in the present state of our knowledge to accept these terms "hyper or hypo" as expressing the different forms of disease caused by disturbances of the function of these glands without actually committing ourselves to the theory that there must be either a deficiency or an excess of function, this question being still subjudice.

There is a condition known as hyperthyroidism marked by the presence of tachycardia, extreme nervousness, hypotonus of the circulation, prominence of the eyeballs and enlargement of the thyroid gland that we recognize as exophthalmic goitre. It is a common observation to find in young women about the age of puberty symptoms of varying degrees of severity; sometimes one symptom is more marked than the others, perhaps only one symptom may be present. Rarely do we fail to have increased excitability and sensitiveness of the nervous system. And these are the cases that we



misinterpret until our attention is called to the enlargement of the thyroid. The prominence of the eyeballs often seems to be only an exaggeration of a feature that is congenital. I am quite sure that I have known a number of young women who have had unusually prominent eyeballs from their earliest girlhood who have developed marked symptoms of this disease when they have reached puberty. Fortunately this disease appearing at this time of life is usually quite manageable. In fact, I have never known a case that did not get well under proper hygienic and medical treatment, this is largely empirical and I have not been able to lay down any rule. Some have improved steadily under thymus feeding, in others thymus feeding has been useful for a time and improvement has followed the substitution of thyroid feeding. It is difficult to harmonize the success of thyroid feeding with the theory that this disease is always due to an excess of secretion of the thyroid gland, nevertheless, the fact is common enough that thyroid feeding will occasionally be followed by a marked decrease of all the symptoms, which fact only emphasizes the limitation of our knowledge of the pathology of this disease. Again one will be compelled to drop organotherapy and find improvement following the faithful administration of inorganic iodine.

As I have said the great majority of these cases get well, some unrecognized and untreated. We cannot avoid keeping in mind the great change in the entire system that occurs at the time of puberty, and the close relation that exists between the reproductive organs and the thymus, thyroid, pituitary, adrenal system. Of course with normal development the change would occur without shock, but absolute normality is rare, and I am disposed to consider these cases as instances where the growth of one set of organs has not kept pace with the others and comparable to similar conditions observed among boys of the same age where we find the osseous system has outgrown the muscular and the circulatory system an evidence, if you will, of hypo-pituitarism. A certain proportion of these cases of hyper-thyroidism do not yield to medical treatment and pass on into the severe and intractable forms of Graves' disease that often require surgery.

So also in the opposite condition of hypothyroidism we may have all gradations from slight progressive slowing down of all the functions, physical and mental, with some clubbing of the fingers and increase of

weight, up to the full-blown picture of myxoedema. Myxoedema is the exemplar of the beneficent effect of organotherapy. Here is a disease due to a deficiency of the internal secretions of a ductless gland that gets well immediately after the glandular feeding is begun. We have no example in medicine more strikingly illustrative of specific treatment than this.

I have seen several cases of early myxoedema where the diagnosis was based upon a very few changes in the individual. One, a nurse about thirty years of age, bright, active in mind and body, came to consult me about a dull headache which, while not severe, was persistent. Knowing her well I noticed an alteration in her appearance, from being bright and lively she was dull and apathetic, her face was larger and her weight increased and she complained of an increasing difficulty in attending to her work and a lack of interest in it. There had been a decrease in menstrual function to which she attributed her headache. She was fed thyroid tablets and her symptoms disappeared quickly, her headache left her, her face resumed its former delicacy, her step became more elastic and she soon took up her work as actively as before. This was a case of myxoedema.

A second case, the mother of a large family of children, about fifty years of age, began to put on flesh rapidly and to be unable to attend to her housework. Failure of her vision and constant headache were the symptoms for which she sought advice. The change in her face was characteristic of myxoedema. She also was fed thyroid tablets for a long time and slowly but steadily improved, but suffered a relapse of symptoms whenever she stopped the tablets.

A third case; a woman of sixty became steadily obese, from weighing about one hundred and ten she soon weighed one hundred and sixty pounds, her mental processes slowed up perceptibly and she had a paralytic stroke. I saw her first about that time. She was fed thyroid tablets with the immediate effect of reducing her weight to nearly her former figure, her face which had become large and moon-like, shrank to its previous, rather pinched appearance, she recovered from her paralysis and enjoyed good health for several years, always taking the tablets. Her arteriosclerosis however steadily progressed and she died eventually from a cerebral thrombosis.

In these failures of the function of the ductless glands there always ensues interference with the metabolism of the body and

glycosuria is a very frequent accompaniment.

A man of forty-five came to consult me because he was unable to attend to his business as usual. He was a man who sold silk by sample and he found that he had lost the delicacy of appreciation of varying shades of color that was necessary for him to use in his business. Moreover, he said that he no longer possessed the initiative that he formerly possessed, and he could not think or calculate as quickly as before. He wanted his eyes examined but the oculist pronounced his eyes normal. I noticed that the man had gained thirty or forty pounds in a few months, and inquiry elicited the fact that he was passing more urine than usual and that he was very thirsty. Examination of the urine showed glycosuria and also albuminuria. On the theory that he had myxoedema this man was placed on the use of thyroid extracts in a variety of forms and was placed upon a diet. Many symptoms improved, the glycosuria and albuminuria disappeared, he lost some weight and he recovered some of his previous business facility, but did not regain his ability to differentiate the different shades of color. He later developed epilepsy which eventually killed him. He died in a status epilepticus. Autopsy showed arteriosclerosis of the aorta and of the cerebral arteries, a focus of softening in the internal capsule of the brain, and well marked nephritis. In this case the primary lesion may have been the central one, as there exists a very close connection between the central nervous system and the functional activities of the ductless glands. The myxoedema symptoms in this case were probably the manifestations of the central disease.

Normal sugar metabolism is immediately dependent on normal functioning of the ductless glands, chiefly the islands of Langerhans or the pancreas. Diabetes is a multiform disease with a multiform etiology and we find its principal symptom glycosuria present in other diseases of the ductless glands such as acromegaly and myxoedema, as in the case mentioned above, as well as in pancreatic diseases, and we find it often following shock, both mental and physical; and Crile has taught us that for this we must look to excessive adrenal secretions as a cause. This brings to our attention another phenomenon that we find present in many of the diseases of the ductless glands, that there seems to be evidence that deficiency and excess of secretion are often present at the same time, complicating the symptom complex and emphasizing the fact of the duality

of these secretions, and that their normal physiological effect is a balance between opposing potentialities.

Sajous has recorded the observation that in sthenic forms of diabetes thyroid extract is harmful, but that there are asthenic forms when it is very useful. My personal experience with the use of glandular therapy in diabetes has been confined to the use of thyroid in the cases where there has been obesity. I have seen very little improvement follow such use.

The thyroid extracts have been used in medicine much longer than most of the other extracts, and there are few conditions that the adventurous clinician has not used them for. It is not possible within the limits of this paper even to make a catalogue. The dermatologists are using them in many forms of skin disease, the surgeon in delayed union of fractures, the pediatricist in under-development in children, the obstetrician in the vomiting of pregnancy, etc.

It is in obesity that thyroid extracts have been used most widely, and usually with harm. I have seen several attacks of hyperthyroidism induced by using "anti-flesh" tablets of various kinds. Obesity is not always an evidence of thyroid or of pituitary insufficiency but where it is, then only good can follow proper and careful glandular feeding.

Arteriosclerosis is one of the most important diseases that we have to combat. The most prevalent cause is infection, the most serious symptom is increased blood pressure. We have in thyroid extract a remedy that will lower blood pressure, and it often is of great value; however, there is no physiological reason for expecting that the arteriosclerosis will be relieved. In such use it has always to be remembered that the increased blood pressure is nature's attempt to assist the circulation, and is often a protective measure.

Hypo-thyroidism before puberty causes cretinism, just as after puberty it causes myxoedema. In cretinism thyroid feeding has been used extensively with most encouraging results, but the subject is entirely too large to be more than mentioned in this paper other than to note the fact that thyroid feeding is useful in the lesser degrees of mental deficiency. Undoubtedly it will be found that combined glandular feeding will be indicated in many of these cases because of the interdependence that exists among these glands.

The subject tempts one to speculation. Some of the lower orders of living things



possess the art of feeding for the purpose of concentrating the duty of the continuance of the species to a limited number of individuals of the community for the ulterior purpose of mobilizing all the energies of the group in productive labor. Is it beyond the limits of possibility that by selective and intensive feeding we shall be able to produce superhumans, developed for special purposes, following the indications suggested by the physiological effects of the ductless glands?

The parathyroids are small but important glands, which, if removed, cause the condition known as tetany which is often fatal. This symptom complex occurs occasionally when there has been no operation, and the cause of the disease has been attributed to diseased parathyroids. Cases of operative tetany have been treated more or less successfully by the transplantation of fresh glands into the body. This form of organotherapy is worthy of mention because of its use where nervous symptoms have followed the complete removal of the ovaries. In these cases success has followed the grafting of portions of ovarian tissues into the body, more certainly when the tissues have come from the patient herself.

The thymus gland, active during the period of growth and quiescent after puberty, is immediately concerned in the growth and development of the body, but it is affected by their diseases. Thymus extract is useful in many cases of exophthalmic goitre, particularly in those cases occurring about the period of puberty. There are some contraindications to its use. Dr. Harvey, Jr., prescribed it in a case of acute exophthalmic goitre occurring in a nursing mother with the result of making the baby sick. He had been perfectly normal previous to the administration of the extract. Immediately he began to worry, would not sleep and cried continuously. All the symptoms ceased when the extract was stopped.

On the other hand, Sajous claims that the cause of malnutrition in bottle-fed babies is due to the failure to supply the elements of nutrition for the thymus gland when feeding stale milk. He says that the nucleoproteins which are essential to the growth of the thymus disappear from milk that is over six hours old.

Coming to the therapy of the pituitary we have first to consider the influence of this gland upon the growth and development of the body.

Acromegaly is a disease where we have a condition of hyperplasia of the entire osseous

system, particularly of the jaw, hands and feet, and of the soft parts of the face. The causative pathology is found in the pituitary gland, and the changes in the system mentioned above are attributed to hyperpituitarism. This condition is associated, moreover, with the symptoms due to disturbances of the function of the other ductless glands and also of the chromaffin tissues and the reproductive organs; and we may have marked symptoms of myxoedema or of exophthalmic goitre and sexual perversions and in the end failure of the reproductive organs.

So also in hypo conditions, the "Hypophyseal Dystrophy" of Falka, we have, besides the obesity, failure of the sexual organs and in children inhibition of growth. We may therefore have either giantism or dwarfism induced by pathological conditions of the pituitary. Furthermore, not only are the actual sexual powers interfered with by diseases of this gland, but also the secondary sexual characteristics are effected, often to such a degree that the character and appearance of the individual are changed, the masculine becoming effeminate in appearance and vice versa.

Instances of premature puberty are not so very rare, and have been associated with changes in this gland, as also cases that have gone through the entire life cycle in a very few years, instead of the usual three score years and ten.

We have here evidence that the pituitary takes up the work of the thymus in regulating the development of the organism and preparing for the continuance of the species. We have in these diseases contributory evidence of the interdependence of the functions of these ductless glands. Life and health may be regarded as a condition of balance between the many metabolic processes of the body. These metabolic processes are under the immediate control of that part of the nervous system which has been called the sympathetic, the vegetative, the autonomic. Closely associated are the secretions of the ductless glands which set in motion those autonomic energies that we find potentializing the heart, the blood vessels, the intestines, the uterus and the unstriped musculature everywhere. Most important among these glands in stimulating these activities is the pituitary, and it is these physiological effects that has led to the use of the pituitary extract in obstetrics. No other agent has been used in obstetrical practice that has been of so great value, with the possible exception of chloro-

form, and certainly there is no other way of energizing the gravid uterus comparable to it. Given a normal child and a normal pelvis with a fully dilated os uteri there seems no reason why the pituitary extract should not be used in labor whenever there is evidence of uterine inertia. In deformities of the child or of the pelvis and before dilatation of the cervix it should not be used. Moreover, small repeated doses are better than one large dose in order to avoid too precipitate effect and tears of the perineum. In postpartum hemorrhage it should be used freely.

In March, 1914, I reported in the Medical Record thirty cases from the records of the Orange Memorial Hospital where pituitary extract had been used after laparotomy for the purpose of relieving post-operative gas pains and the intestinal paresis that frequently accompanies peritonitis. Since that day I have continued to use the pituitary extract as a routine treatment following laparotomies made for any diseased condition and have universally found that my patients recovered the normal peristalsis very much quicker than when it had not been used.

We use the pituitary preparation in preference to eserine in those cases of suppurative peritonitis, where operation has been followed by paresis of the intestines, and enemas and cathartics are ineffectual and vomiting is intractable. Here, properly administered, it will change the aspect of the whole situation and will stimulate the bowels to move and the stomach will recover its tone.

This particular effect of pituitary extract upon the muscular coat of the intestines and its application to post-operative conditions has not been dwelt upon sufficiently in the literature of this medical agent, its efficiency in obstetrical practice having overshadowed its good effect in surgery.

Many cases of appendectomy have unpleasant symptoms only during the first three days. The early use of pituitary extract will almost without fail render those few days comfortable.

In our experience, using the small doses, there does not seem to be many contra-indications. One patient who was much relieved of his abdominal symptoms by the pituitary extract had a troublesome tachycardia. In this case several doses had been given at short intervals. The tachycardia was relieved in a few hours.

Any mechanical obstruction such as intussusception is a contra-indication, but the pituitary preparation is useful in cases of

fecal accumulation in the colon, and in fact, in cases of intestinal stasis generally as it always starts things moving.

An accompanying phenomenon in this treatment is the effect upon the bladder, usually the voiding of urine follows quickly the administration of the extract, and often we find it useful in cases of retention following other operations. This stimulation of the bladder is apparently disconnected with the active diuretic effect of the pituitary extracts which act very much as does adrenalin, only with more efficiency in conditions of suppression of the urine seen in many acute diseases.

In acute diseases, such as pneumonia, pituitary extract may be used just as we have used adrenalin to sustain the heart and circulation during the crisis. Theoretically, there may be reason for not using these preparations other than intravenously, but the clinician who has injected them hypodermatically under conditions when he could not feel the radial pulse, and has felt the circulation pick up under his finger, does not care much when he is told that they are of no use when employed under such circumstances.

Similarly, pituitary extract is useful in shock, either surgical or emotional. In internal hemorrhage the pituitary extract should be used. There are few cases of internal hemorrhage more serious than those of ruptured ectopic pregnancy. In these cases while waiting to make the operation, instead of hypodermoclysis or transfusion of any kind the pituitary extract or adrenalin will carry the patient over to the time when a ligature may be put on the bleeding vessel, and then and never before may the saline injections or transfusion be used.

Sir James Paget described a disease of the skeleton that he called osteitis deformans, a disease where there is hypertrophy of the bone effected, with softening, as a result of the absorption of the calcium. There is a localized gigantism and a derangement of the calcium metabolism. These cases are rare and often not recognized, being treated as chronic rheumatism or syphilis. This disease begins insidiously during the fourth decade, progresses very gradually, causes serious deformities, and the victim dies of old age or some other intercurrent disease. I have such a case under treatment, seen the first time three years ago when the patient had had the disease for ten years. It had been diagnosed as rheumatism and as syphilis; Wassermann was negative; the X-ray examination confirmed the diagnosis



of osteitis deformans. There were three foci of disease, the left tibia, the right femur and the ninth rib. The man was suffering intense pain in his left knee, and the left tibia, which was much enlarged, was painful and very sensitive and hot to the touch.

Medical literature is very pessimistic as to treatment. Turning to organotherapy, theoretically one should administer either the anterior portion of the pituitary, the parathyroid or the thymus as their activities are favorable to calcium metabolism while the posterior portion of the pituitary is inimical. We know, however, that the effect of administering the entire gland is a compromise between the two opposing secretions, it would seem therefore reasonable to give the pituitary because of the localized gigantism. Consequently for two years I have been feeding this patient the entire gland, during that time all the activity of the disease has subsided, no new foci have formed, the pain and heat have gone and he can walk much better than he could one year ago.

The treatment in this case is pure empiricism. There is no American authority so far as I can find who recommends it. In England where this disease is more common than here, pituitary extract has been used, but little mention of its use appears in the literature. It may well be that a combination of the glandular extracts will be more useful. It certainly is a condition due to a disturbance of the metabolism of the body and should be amenable to some form of glandular feeding.

A summary of our knowledge of this subject to date may be formulated as follows:

1. Good health is the autonomous balance maintained by the ductless glands through the agency of their secretions in the control of the metabolic processes of the body.

2. There are several well defined diseases due to ductless gland deficiency which can be cured by glandular feeding.

3. There are many functional deviations from the norm that can be corrected by administering certain extracts obtained from the ductless glands, the specific extract to be used depending upon its physiological effects.

4. Many of these functional deviations and these diseases are due to abnormal conditions in more than one of the ductless glands. There may be polyglandular disease, and there should be polyglandular therapeutics.

5. As these secretions act as hormones the administrator should copy the natural processes as nearly as possible, giving small and continuous dosage.

6. Organotherapy is a two-edged sword, much harm may follow injudicious use. On the other hand, when the proper indication is recognized and followed with care the results seem magical.

7. The value of organotherapy is very marked in mild cases of glandular deficiency. It is, therefore, most important that the condition should be recognized early so that the deficiency may be corrected before organic changes have resulted from the functional derangements secondary to such deficiency.

8. Although much has been learned about the functions of these important organs there is so much to be known that many of our present methods of procedure will undoubtedly be greatly modified in the future, and we may expect with confidence that our control of the conditions adverse to health will be greatly augmented.

## ORATION IN SURGERY.

### PHASES OF THE CANCER PROBLEM.

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In a treatise on "The Operations of Surgery," by Samuel Sharp of London, published in 1758, a few years before the foundation of The New Jersey Medical Society, the surgical viewpoint of the medical profession so far as it relates to the results of the removal of the breast for cancer is set forth in the following paragraph:

"The success of this operation is exceedingly precarious, from the great disposition there is in the constitution after an amputation, to form a new cancer in the wound, or some other part of the body. When a schirrus has admitted of a long delay before the operation, the patient seems to have a better prospect of cure without danger of a relapse than when it has increased very fast, and with acute pain. I cannot, however, be quite positive in this judgment, but upon looking around amongst those I know who have recovered find the observation so far well grounded. There are some surgeons, so disheartened by the ill-success of this operation, that

they decry it in every case, and even recommend certain death to their patients rather than a trial, upon the supposition it never relieves; but the instances, where life and health have been preserved by it, are sufficiently numerous to warrant the recommendation of it."

When we realize that it is now over a century and a half since those lines were penned and when we take into account the widespread skepticism maintained by the majority of laymen and also shared by many of our profession as to the benefits accruing from the surgical extirpation of cancerous growths, we realize most vividly that relatively little progress has been made in the cure of this disease by surgical means, and yet there is very little hope through any other remedy with the possible exceptions of radium and the roentgen rays. In view of this serious hiatus in our therapeutic results, the question arises, are we doing anything as physicians and laymen to turn back the tide of cancer or prevent its occurrence? Certainly, statistics, which show progressive increase, do not offer us much encouragement. On the other hand, each decade has witnessed a steady increase, as shown by Hoffman's epoch-making statistical study of the Prudential Life Insurance Company. Little do we know of the exact etiology of cancer. Nothing thus far has been accomplished in preventing it, and a very limited success has been achieved in curing the greater aggregate of this malady. Its cause is still shrouded in mystery. Each year the number of deaths from cancer in the United States approximates 75,000, and in the civilized world, 500,000. As yet no progress has been made in the prevention of cancer, and all we have to pin our hope to at present is the motto adopted by the American Society for the Control of Cancer—"In the early recognition and treatment of cancer lies the hope of a cure."

Two individuals are to be taken into account in the question of a diagnosis of a malignant or cancerous growth—first, the patient; and second, the doctor. We of the medical profession should not be censured, and yet we frequently are, because we fail to cure the patient who comes to us with a very advanced growth, which he or she has known was present for months or even a year or more, and yet, because it gave no pain, it was considered harmless. The laymen must first be taught that cancerous growths in no part of the body are painful in the earlier stage, and, therefore,

a lump in the breast, or abdomen, or small ulcer on the lip, tongue, or cheek, or on the cervix, that is annoying only because of its presence, is the one condition which should have immediate attention by a competent physician. Any ulcer which does not heal under treatment is always one that may have cancer potentialities. Also, the assumption that cancer is not present because the patient, other than this slight local manifestation, is quite well, is a very false and fatally misleading doctrine. The patient stricken with cancer of so advanced a degree that there is persistent pain, emaciation and a bad sallow color, has passed beyond the possibilities of a cure and has already entered the realm of ever-deepening shadow. So often in the past I have found in consultation with physicians great difficulty in convincing them that an ulcer or a tumor was cancerous because the patient appeared to be in blooming health.

Two fallacies of former years have been cast into the waste basket of discarded theories—first, the theory that cancer is a general blood disease, and second, that it is of hereditary origin. Two of the most remarkable men of our profession that Philadelphia has ever known—Gross, the great surgeon of the Jefferson Medical College, whose statue stands near the Smithsonian Museum in Washington, distinguishing him as one of the heroic figures in American medicine, and Agnew, of the University of Pennsylvania, a dextrous operator and wonderful diagnostician, maintained up to their last days the theory that cancer was a blood disease, and believed that when it was eradicated from the breast, the lip, or some internal organ, it would certainly reappear in some other part sooner or later and cause the death of the patient. One might compare this view to the smouldering fire which fills the hold of a great freight steamer, and only indicates its presence by a jet of smoke through some crevice in the deck or through the suffocating cloud bursting from an opened hatch when the vessel is on the eve of its plunge into the depths of the sea. To deluge the deck with water or to merely cover over the hatchway in the vain hope of quenching the fire is analogous to an operation for cancer as viewed by these great men of thirty or forty years ago.

It has been said that the knowledge possessed by the physicians of one generation becomes a lay possession of the next. Is it any wonder, therefore, that the great mass of even highly intelligent people of this era



look upon cancer as a hopeless condition when the great masters of the last generation viewed its cure with such pessimism?

To revert to our comparison, one may now look upon cancer under present-day methods of treatment not as an insidious marine conflagration deep within the interior of the ship which only comes to the surface when the vessel is doomed, but to a fire in a house which starts as a small flame in the kitchen, a bed room, or about a flue, and which in its beginning may promptly be subdued with a fire bucket or a simple chemical extinguisher. Only slight injury occurs and the house may quickly be repaired and continues to fulfill its function as a useful domicile. So with the "house beautiful" in its relation to cancer.

In what proved to be Agnew's valedictory address, for he died a few months later, given before my class in the medical school of the University of Pennsylvania, 25 years ago, based on his experience in the operative treatment of cancer of the breast, he said that he could not count on one single cure following the removal of the breast in his many years of surgical practice. Since then, methods of operating have been so far improved that skillful surgeons of the present era may confidently count on 30 to 50 per cent. of permanent cures from the thorough removal of the disease by a radical operation.

Cancer is not a blood disease in its beginning, but is merely a local ulceration or enlargement, strictly circumscribed to the part primarily affected, and if thoroughly removed does not return. These results, however, are only attained by surgery, and the layman is but playing with a consuming fire if he loses valuable, indeed absolutely life-saving time, in shunning surgical treatment while trying the innumerable remedies offered by quacks, animated by a money lust, who profess to cure this disease by pastes, ointments, or sera, or any of the other means which are employed to delude the patient and extract from their pockets the last dollar until it is too late for hope from surgical measures.

There are few surgeons of experience who have not been consulted by patients who, when first seen, showed the early hall marks of cancer, and have been advised as to the imperative necessity of an immediate operation. The patient, appalled by the thought of the surgeon's knife, has sought other advice and after weeks or months of

fruitless treatment, has again returned to his first adviser and implored him to operate, but unhappily he has sinned away his day of grace. Procrastination has brought its fatal penalty, for the tiny focus which originally could have been eradicated easily has now spread to inaccessible parts and all the physician can do is to soothe the stricken one with analgesic drugs until the merciful relief, which death alone can give, terminates his agony.

So long as we held the theories of former days, we could at least soothe our own feelings of professional inadequacy by the theory of incurability. That day, however, is passed, and soon the laity will hold the physician to as strict accountability who lets a patient drift beyond the safety zone in cancer as they do when the agonizing pain of an appendicitis is falsely held to be an acute indigestion or is disguised under the misleading diagnosis of inflammation of the bowels, or that wretchedly misleading term, ptomaine poisoning. The public of to-day knows that appendicitis is curable when operated upon early, and it is a sorry day for a physician who permits the inflammation to spread until peritonitis causes death.

I again assert, therefore, that the layman on the one hand is seriously to blame if he fails to seek advice early and dallies with fate while foolish remedies are tried in the hope that an operation may be avoided, and the physician is more culpable if he sees a patient in the early stage of a suspicious growth and does not urgently advise a surgical operation, for, if abreast of the times, he knows that the removal of a cancer in its primary stage will effect a cure.

As to the question of hereditary origin of cancer, to which I have briefly alluded, I am a dissenter. For twenty years I have been interested in this phase of the cancer problem and with those two decades of experience behind me and in a persistent study and review of literature of this subject, I have found nothing to convince me that cancer is of hereditary tendency. Occasionally, there is a striking occurrence of cancer in two or more generations of closely related individuals but the links at most are but feebly joined, and the sins of our fathers are not thus visited upon their children. Several of your ancestors may have had their dwelling destroyed by lightning, but is that any reason why you should fear an hereditary inclination for Jove to hurl his thunder bolt at your domicile? Such

an illogical analogy I believe exists so far as the inheritance of this disease is concerned. Too often people pass through periods of great gloom and almost suicidal depression, because they feel that they have within their veins this taint of cancer which has been transmitted to them from their forebears.

Even if I knew that many of my ancestors had been called to their final account by a malignant growth, I should not fear a like fate, simply because of the supposition of a latent tendency, for in the language of the Scotch jury—"Not proven"—applies to this hereditary doctrine.

As the result of a study of the combined statistics of all countries one fact becomes quite evident, and that is—cancer is a disease of middle life. It occurs frequently in the meridian of life between 40 and 50 years of age, and, therefore, women in the critical period of their lives, when they are passing from a state of physiological menstrual activity to one of rest or cessation of this function, should be especially alert to bring to the attention of their physician any decided change in the way of excess. To attribute these deviations of function to the change of life may but invite disaster. The physician, therefore, who may say—"Wait till the menopause, or change of life, and your symptoms will disappear," without first making the most careful investigation, is as culpable as the citizen of a town, who sees a curling jet of smoke issuing from the roof of a house, and refuses to sound a fire alarm until the rafters are falling in.

A very active campaign has been carried out in the State of Pennsylvania during the last five years by the Cancer Committee of the State Society. Pamphlets have been issued and many lectures have been delivered before meetings of the general public, giving warning to the layman of the dangers of cancer and assuring him of the hope of a cure provided it is attacked early. I quote as follows from one of the latest reports of this committee:

"No one has so clearly outlined the early signs of cancer as Childe, of Portsmouth, England. He, more than any other English or American writer, has emphasized the true importance of the early signs of cancer. He calls them danger signals and compares them with the danger signals in any other condition. Danger signals in cancer, just as on the railroad, or at sea, mean that there must be immediate and efficient action in order to prevent disaster.

The physician who neglects these signals, in a cancer patient, is just as much responsible for disaster to his patient as the engineer is to his passenger if he neglects a red light and runs into an open switch. Briefly, Childe's danger signals are as follows:

"1. Cancer of the breast. Here the danger signal is a small lump or thickening of any kind. In a woman over thirty-five years old, this lump is a cancer from the start in at least ninety per cent. of cases. In a woman of any age, the finding of any lump in the breast should be immediately followed by its removal.

"2. Cancer of the Uterus. The danger signal here is any irregular bleeding, especially after the menopause, or the onset of a discharge in a woman who has been free from it previously, or the change in the character of a previously present discharge so that it becomes more profuse, more foul, or more irritating.

"3. Cancer of the Lip, Mouth or Tongue. The danger signal here is a little wart or sore that will not heal.

"4. Cancer of the Skin. The danger signal here is any sore that will not promptly heal or any wart or mole that suddenly begins to grow rapidly.

"5. Cancer of the Stomach and Intestines. Here the danger signals are not so apparent as on the surface of the body. After forty years of age, the onset of obstinate indigestion, persistent colicky pain in the abdomen, persistent diarrhea, and especially vomiting of blood or the passage of blood, are the danger signals and their real cause must be determined at once."

In bringing these matters before the public, are we raising unnecessary fear? Certainly, this is a possibility, but is it not better to warn the mother of the dangers of lock-jaw, and, through fear of the disease, make her more alert in pulling the rusty nail from the child's foot or in cleansing, keeping clean and protecting an open wound? We may overcome fear, but we cannot cure lock-jaw. Here, as in our national life, a preparation for defense is a prerequisite to shield us from overwhelming defeat. Blind and stupid optimism is just as detestable as the most virulent pessimism. A year or so ago the Ladies' Home Journal brought out a series of capital articles on the cancer menace, and, immediately I saw in my office several women who had suspicious signs called to their attention by these warning paragraphs. In none was there cancer, and each left my



consultation room assured and happy in the thought that she at least had escaped this dreadful malady. Was it not better to bring to the women of our country this momentary alarm with the salvage of a valuable life here or there through prompt attention than to let them drift into the most obvious of dangers without a word of warning. If all physicians were to urge the necessity of an early operation, and if all patients were to accept this advice in the primary stage of cancer the death rate in this country from supposedly incurable growths would sink to a much smaller percentage.

#### RADIUM AS A THERAPEUTIC AGENT.

One of the newer remedies which has been very constantly in the professional eye during the last three years is radium, an agent which has astounding potentialities. That this material in such infinitesimal amounts should have such a remarkable influence in the retardation and even cure of an occasional case of cancer as has been repeatedly demonstrated, is nothing less than uncanny. No one asserts that it possesses positive therapeutic power in all cases, indeed, we already know that this is not the truth, but I am convinced from our experience at the University Hospital that it offers the most helpful outlook of any remedy thus far presented in the palliative and occasionally the curative treatment of the border-line and inoperable cases. In the gynecologic clinic of the University of Pennsylvania during the past two years, 44 cases of carcinoma of the uterus, vagina, and urethra have been so treated. Practically all of these would, according to our past standards, have been classed as inoperable and, therefore, would inevitably have been doomed.

As regards the effect of radium when applied in too large amounts and too often, Schauta's experience is enlightening: In his first series of 13 patients, from 50 to 100 mgs. of radium were applied uninterruptedly for from three to eleven days, and repeated in similar dosage after an interval of from twelve to twenty-two days. His results were most disastrous; one patient died of pyonephrosis; 8 showed steady loss of weight, with diarrhea, tenesmus, fever, vomiting, headache and reduction in blood count. The autopsy findings showed severe necrosis and fistulae with diphtheritic and purulent inflammations of the rectum and bladder, sigmoiditis, and ulcerative processes in the pelvic coils of the ileum. *One striking point, however, noted at the*

*autopsies was that in not a single instance was a local trace of carcinoma found.* In the method of its application, however, the remedy proved far worse than the disease, but this investigator established beyond question that radium emanations were absolutely destructive to cancer-cells.

In a second series of 11 cases the dosage was smaller and the interval of application shorter, but in spite of this some of the patients presented the group of disagreeable symptoms just noted, but in four a local cure was effected.

In his third series of cases the dosage was regulated as follows: From 30 to 50 milligrams of radium, filtered through 1.1 mm. of gold, 1 mm. of platinum, and 0.75 mm. of brass, were applied in from 5 to 8 exposures of twelve hours each at intervals of from one to several days; an interval of rest of three to four weeks was then allowed to elapse, followed by a second but shorter exposure, and in some cases, after another interval of two to three weeks, a third series of applications were employed.

Eleven patients were thus treated; of these, 3 were somewhat improved and the remaining 8 were apparently cured. In no instance were fistulae or necrosis produced, and the weight and general condition of the patient showed marked improvement.

As an evidence of the widespread skepticism concerning these newer remedies, and in spite of this very favorable experience, Schauta declares that, although he will use radium in advanced cases, he will still continue to employ Schuchart's radical method of performing vaginal hysterectomy in the clearly operable cases, reserving radium as a post-operative prophylactic agent.

With a less intensive method than that at first employed by Schauta, we have thus far had but one patient in whom a fistula developed; this followed a radical operation in which 50 milligrams of radium were left within the vaginal cuff for eight hours, another application being made in six weeks. In this case there was no apparent retardation of the growth; on the contrary, within two months great sloughing holes appeared in the rectum and bladder. Whether these were caused by the radium or were due to rapid growth of the carcinoma, we were unable to determine. In practically every case radium has been applied for twenty-four hours, and the patient has usually returned home the next day. So far as any immediate effect is concerned in no instance have we witnessed any un-

toward symptom beyond a fleeting degree of nausea, and this but rarely; only in one instance did a high temperature develop, and this was in a case in which the Percy cautery had been applied extensively, and was followed by a twenty-four hour application of radium. In our series of cases there have been, with these two exceptions, no disagreeable effects. Fortunately, we have not had to pass through the experimental stage of this treatment but have profited by the mistakes of the early workers. Thus far we have found an 85 to 100 milligram dosage quite satisfactory. It is possible that still better results may be

ous attempt to secure still more effective results. With further experience we may modify this rule, but up to the present we have not seen the slightest evidence in favor of so unwise a policy.

Radium, as is shown in our series of cases, is by no means a universal panacea for cancer, even when the growth is strictly localized. There is no way of determining which cases will be benefited by its use. There is beyond doubt a certain percentage—how small or how great we cannot tell from our experience—in which cancerous growths are not retarded by radiotherapy; indeed, occasionally it would appear that

THE RADICAL OPERATION FOR CARCINOMA OF CERVIX.

Total number of cases.....	53
Operative deaths (peritonitis).....	5
Died from continuance in 3 months .....	1
Died from continuance in 6 months.....	3
Died from continuance in 10 months.....	1
Died from continuance in 11 months.....	1
Died from continuance in 12 months.....	3
Died from continuance in 15 months.....	1
Died from continuance in 16 months.....	1
Died from continuance in 18 months.....	5
Died from continuance in 2 years.....	6
Unable to trace .....	10
Alive and no sign of continuance—	
One year.....	2
One and one-half years.....	3
Three years .....	0
Four years .....	2
Five years .....	1
Six years .....	6
Seven years .....	1
Eight years .....	1

POST-OPERATIVE SEQUELLAE.

Suppuration of abdominal incision.....	8
Cystitis .....	4
Peritonitis (recovery) .....	3
Ureteral fistulae .....	2
Vesical fistulae.....	5
Phlebitis .....	1
Laceration of rectum (fistula).....	1
Pleurisy .....	2
Rectovaginal fistula .....	2
Average stay in hospital—21 days at least	

achieved by larger amounts. For information on this score we must, however, turn to Drs. Kelly and Burnam.

We have adhered strictly to one rule, namely, never to attempt an operation on any case that has been healed locally by radium. It appears to us a most unwise surgical policy to subject a patient to the grave hazards of a radical operation, after the radium has acted beneficially, in a fatu-

there is a positive acceleration of growth. That many cases show an astounding improvement and local cure cannot be gainsaid. In our series several instances occurred in which the results achieved were so remarkable as to be almost incredible. Whether in these cases the fire is but smouldering and may break out sooner or later with renewed violence, time alone will tell.



## PANHYSTERECTOMY FOR CARCINOMA OF FUNDUS.

Total number of cases .....	26
Operative deaths (one patient died one week after operation from a general metastasis of chorio-epithelioma. Death occurred from widespread involvement of the lungs with the malignant process. Other patient died from peritonitis) .....	2
Well over six years .....	5
Well over five years .....	1
Well over four years .....	1
Well over three and one-half years.....	2
Well over two and three-fourths years .....	2
Well over two years .....	2
Well over one year .....	1
Died from continuance of disease in 3 months.....	1
Died from continuance of disease in 7 months.....	1
Died from continuance of disease in 1 year.....	1
Died from continuance of disease in 3 years.....	1
Died from continuance of disease in 5 years.....	2
Died in two and one-half years from mastoid abscess (complete autopsy revealed no microscopic trace of cancer either in pelvis or in the abdominal lymph glands)....	1
Unable to trace .....	3

## USE OF RADIUM IN INOPERABLE CANCER OF CERVIX, VAGINA AND URETHRA.

Total number of cases .....	44
Deaths following treatment .....	0
Died from continuance in 3 months.....	5
Died from continuance in 6 months .....	1
Died from continuance in 9 months .....	3
Died from continuance in 13 months.....	1
Alive one and one-half years.....	4
Alive 15 months.....	1
Alive one year .....	4
Alive 11 months.....	1
Alive 8 months.....	2
Alive 7 months.....	2
Alive 6 months.....	1
Alive 4 months.....	7

Treated less than 3 months, 11; not traced, 1.

## HISTORY OF PATIENTS AFTER APPLICATION OF RADIUM.

Relief of hemorrhage .....	21
Relief of pain .....	15
No relief of pain .....	10
No symptomatic relief .....	9
Local healing of ulcerative area (Of this number two died subsequently of internal metastasis).....	18
Rapid extension of growth, coincident vesicovaginal and rectovaginal fistulae, developing 8 weeks after application .....	1
Untoward results .....	0
Average stay in hospital—about 3 days.	

In the discussion of these cases the question of hospital economics must not be lost sight of. The length of stay in the hospital following a radical operation will average at least three weeks; whereas after the application of radium not more than three days will be required. When complications arise after radical operations they are usually serious, entailing much

suffering. Such patients, on returning home, are likely to remain semi-invalids for several weeks, and when, as is frequently the case, there is a rapid continuation of the disease, they become a heavy burden to a poor family. In a comparison of statistics, this difference between the two classes of patients is greatly in favor of those treated by radium, a fact that

tends to incline us strongly to favor the use of radium in border-line cases, which we formerly subjected to a radical operation.

It would also appear to be a self-evident fact that the post-operative effects of the Percy method must fall far short of those of the radium cases. I cannot here enter into discussion of ultimate cures for we are on the very threshold of a therapeutic innovation that may, in the end, prove of less value in effecting a cure than the radical method of performing a hysterectomy.

Removal of the uterus in cases of cancer of the fundus has yielded such good results that I do not feel we are justified in taking any chances with radium, not even in the border-line cases. *Our attitude toward the cervical and fundal growths is diametrically opposite. In border-line cases of cancer of the cervix we employ radium. In doubtful cases of CANCER of the fundus we invariably perform a hysterectomy.* A pessimistic view dominates our outlook in the surgical treatment of the cervical growths if the pathologic process is at all advanced, whereas fundal growths may be viewed with a cheerful optimism even when the cancerous process is extensive. As a palliative agent, we may assert with full assurance that we have never obtained results with any other method that have even approached in beneficence those secured by radium. The cloud, however, that hangs over the remedy is the danger of unbridled optimism.

The tables inserted on the two preceding pages give the final results in the radical operation for cancer of the cervix, the simple operation for cancer of the fundus and the palliative results in cases treated by radium during the last two years. A very close oversight of patients treated with radium is being kept and we expect from time to time to give reports on all of these cases.

The two following papers by Drs. Ill and Gray were prepared by request of the Scientific Committee:

#### THE INDICATIONS FOR SURGERY.

BY EDWARD J. ILL, M. D.

Newark, N. J.

A foreign surgeon visiting our country and some of the great and small clinics, expressed his great admiration concerning the technical qualifications of the American surgeons, but regretted that so many cases

were subjected to surgery where the indications failed. He thought that Americans operated without indications in 50 per cent. of their cases. The writer hardly knows of a worse stain on our surgical pride. This is the more so, since we cannot gainsay the observation.

The writer has known a surgeon to start with the removal of the left ovary and by the time he came to his conclusion, he had the left kidney out also. Another time he saw an operator open the gall bladder and the pylorus, only to find that the appendix was the probable cause of the trouble.

The question was once asked, "What is the first requisite of a good surgeon?" There was no hesitancy in saying, an honest man. Let that be as it may.

In discussing the subject under consideration, one would divide it into:

1st. Such cases as call for immediate and thorough interference.

2nd. Into such cases as need deliberate consideration before any operative measures are resorted to, and yet the indications for surgery would be absolute.

And lastly, those cases where an operation should be considered only because of the patient's mental attitude, possibly to be postponed indefinitely or absolutely refused.

If the writer had been asked to discuss the first division of the subject only there would have been much applause from many quarters. No paper is popular that warns against excessive and useless surgery.

Let us remember that we are not discussing the diagnosis of surgical disease. It is a matter of course that a diagnosis as accurate as can be made, should always precede operative interference. Hippocrates already has said, "Judgment is difficult."

Let us understand what the object of our surgical interference is. Is it to get rid of a diseased organ, or organs or tissue which gives the patient no inconvenience?

Is it for the purpose of getting a rare or interesting specimen?

Is it simply for the purpose of doing an operation?

Is it for an imaginary danger to the patient?

Or lastly, is it—the writer hardly dares to say it, for the exaction of a fee?

It should be none of these.

An operation should be resorted to, to save the patient's life from a real impending danger or to restore him to health, i. e., to remove certain symptoms which incapacitate him from enjoying life, the pursuit of happiness and which interferes with his



usefulness as a member of society. About the first there is no question but that the indication is absolute and an operation can conscientiously be urged. About the latter indication, the choice should be left to the patient who is the one most interested and should neither be advised nor urged.

It is easy to say operate and nearly as easy to operate, but it is difficult to say not operate and take the responsibility for the future outcome. To do all this demands a keen sense of ethical obligation which brings about the "Summum Bonum"—the highest good.

Let us understand right now before we proceed, that the indication for operation must never be based on laboratory findings, be that a pathological or X-ray laboratory. While they are of incalculable value, they can only be considered corroborative of the clinical picture. Too many rely on the laboratory for a diagnosis.

The social standing of a patient may and should sway us in our indications. While the rich may by their command of the comforts hold over, the poor must subject themselves to operation, because of the necessity of gaining a livelihood.

Never, however, must we be swayed in our indication, whether rich or poor, when the outlook is serious. Both have an equal right to a chance of recovery. It often takes the courage of one's conviction to operate on the rich because of a poor surgical risk.

These are no longer the days when we say the patient has recovered from the operation. The question now is, will he be well and free of symptoms? Has he regained his health, his usefulness to himself and society?

Every operation that needs long continued after treatment, fails in an important element, and still we perform just such operations, when we know that it covers but one indication and that other treatment eventually will cure the patient. Orthopedic operations often come under this head. Such conditions must be plainly understood before hand and the patient should be so informed.

There is nothing so discouraging to the patient as to learn after his suffering an operation, that he still must be under a doctor's care. For instance, many a patient, and physician as well, believe that when an operation for ulcer of the stomach has been performed, an indiscriminate diet is allowed. Nothing could be more absurd.

We have thus two kinds of cases when

the indication for operation is absolute. Those where we may expect an immediate regaining of health and those which pave the way for further and effectual treatment.

Let us return to the discussion of instances which need an immediate and thorough interference, cases where neither our night's rest nor our convenience can be considered. There are those which we know from experience, get worse by the hour and fatally so, unless surgery helps them out.

First of all there are those of an accidental character. Even small wounds should not be neglected. Infection easily and quickly supervenes and a clean wound is a prerequisite.

An increased responsibility rest with us in large wounds, but nowhere should our insistence be more positive than with wounds or injuries of the abdominal contents. Let us not forget in our indications, to remember that external evidence or injury may be entirely absent. Observation by the minute, I might say, must guide us in discussing a given case. Great tension of the abdominal wall, increasing frequency of the pulse and rise of temperature will urge the operation. Shock may or may not be a factor.

Injuries of the intestinal tract or hemorrhage often produces like symptoms. Nor must we wait for all these things to happen before we prepare ourselves; but the patient should be prepared for operation and the surgeon should stand ready with knife in hand.

Early operations skillfully performed save life. The later the operation the more serious the prognosis.

Moynihan's abdominal operation contains an interesting paper from Seigel of 376 cases submitted to operation. The mortality was 51.5%. The analysis in regard to the time of operation was particularly interesting and pertinent to the writer's remarks.

Cases operated on during the first four hours had a mortality of 44.4%.

Cases operated at from 9-12 hours had a mortality of 63.6%.

Cases operated later than 12 hours there was 70 per cent. of deaths.

Large injuries of the extremities need a nicety of judgment, which taxes the best among us.

When injuries of the skull are considered, we again must leave it to the careful consideration of each individual case. Always remembering that children often stand con-

cussion and compression of the brain very well.

Acute injuries of the eye should be the cause of earnest solicitude. Probably nowhere is the necessity for lightning speed more indicated than in injuries to the trachea and the inhalations of foreign bodies. I think we all agree that the indication for operation for the given conditions is absolute.

Simple fractures, when not implicating the trunk, are of less urgency and call for deliberate action. While compound fractures, especially those implicating the viscera are benefited by immediate action only.

Septic conditions generally present distinct indications for interference. Among these, septic diseases of the eye and ear are paramount.

In many of the conditions which I presently shall speak of, we must take some chance in an error of diagnosis. With a good surgeon at hand it is best to err on the safe side and operate. With a poor surgeon at hand, the writer would take his chances with nature.

Among the diseases that call for prompt action, none exceeds the perforation of the intestinal, biliary or urinary tract. Many a case of perforation in typhoid fever would have been saved by timely interference, and the indication is absolute. The lower down in the intestinal tract the perforation has taken place, the greater the indication for operation. In the acute inflammation of the appendix it is better not to tarry. Most surgeons will agree that they have never regretted to have operated early, but only too often that the cases were not reached early enough.

No one is so well versed as to say which case will go on to perforation and which one will remain whole. One should consider all of these cases as for immediate surgical interference. The same can be said of all forms of obstruction of the bowel, whatever their nature may be. Nowhere is this more forcibly illustrated, than in the cases of intussusception in children. In all these cases the indication is only restricted by the likelihood of a correct diagnosis.

The simple operation for catheterizing the bladder need never be deferred longer than to sterilize a catheter. Incalculable mischief is done in procrastinating.

I know of no condition of the kidney save fracture or wound, that calls for immediate attention and still I have seen a tuberculous kidney case rushed to the hospital at night for operation.

The surgical diseases of the kidney, no longer call for a simple diagnosis, but for an accurate knowledge of the functional capacity and condition of one or both organs before operation can be resorted to. Not only this, but an accurate knowledge as shown by catheterization of the ureter with catheters impregnated with lead and dilatation of kidney pelvis with opaque solution and X-ray pictures of all this are called for.

The indication for the removal of the kidney must be absolute. Laboratory findings of the examination of the urine are of the highest importance in calculating the functional capacity, but of course can only be a corroboration of the clinical findings.

Deliberate consideration should precede all stomach, intestinal and intra-pelvic operations. The indication for intra-pelvic surgery, should be drawn exceptionally close.

There has been and there is now more sinning done by the wanton removal of the ovaries and uterus, than in any other branch of surgery. No male would tolerate, nor would he be expected to tolerate, such mutilation as women are subject to. Let us always remember that all that makes woman so attractive and lovely, all that makes for her lofty character and her chastity is only an adjunct to her ovaries.

Neoplasms of the pelvic organs should receive our most careful attention. We may as well start out by saying, that all ovarian neoplasms should be removed, and thoroughly so.

Ovarian tumors of benign character will grow until they outweigh the patient. Frequently ovarian neoplasms are malignant when least expected. Ohlshausen has shown that eight per cent. of all proliferating ovarian tumors show peritoneal recurrence through implantation, though the pathologist finds nothing malignant in the growth.

These remarks do not include the wanton removal of the ovaries that contain small cysts due to simple thickening of the albugenia; nor do they call for the removal of simple adherent or displaced ovaries. A noted surgeon and one whom we highly respect, once said that the conservation of the ovaries was the highest art in surgery. At another time we heard a great man say, "never remove an organ except for palpable disease." All these things call for some experience in pathology and the surgeon's interest in it should never cease. The surgeon whose interest stops with the performance of an operation and the discharge of



the patient, little understands the duties of his life's work.

Fibroid tumors of the uterus should not be removed except for good and sufficient reasons and distinct symptoms. Various authors estimate the number of fibroids in women over thirty-five years of age as from 4 to 20 per cent. The tumors must either produce subjective symptoms or occur in the very young to call for surgery. The possibility of their becoming malignant must cut no figure in our consideration. It has been conclusively shown that the death rate from operations far outweighs the death rate from possible malignant degeneration.

The possibility of a malignant degeneration is so slight that we never saw it in over five hundred and fifty operations, nor did we ever see a recurrence of malignancy after an operation.

Acute simple inflammatory or suppurating diseases of the genital tract rarely need operation. The vast majority get well and we have seen repeated pregnancies follow pus tube cases.

In suppurating ovaries so much can not be said; they are serious complications.

The repair for recent injuries to the genital tract, presents a positive indication for surgery.

Secondary repair should be suggested when they are producing symptoms, or likely to do so in the post menstrual life, when atrophic changes occur. Conditions which we term a precancerous stage should be attended to.

Among these is the irritable laceration of the cervix. We do not recollect seeing a single case of cancer following a repair of the cervix.

A word in regard to the so-called precancerous stage. The term is much misused and we have not as yet got a clean conception of this stage, except that a chronic local irritation is subject to cancerous disease. It is common knowledge that all cancer cases should be operated on early. The indication is absolute. So far as we know, the only hope lies in an early and thorough operation. On the other hand, unless a thorough operation can be done, the removal of the growth will only destroy the patient the earlier by its more rapid growth.

I think that most of us will agree that an ectopic gestation should be operated on as soon as the diagnosis has been made, except when the patient is in deep shock. At this time, however, the surgeon should stand by, knife in hand, so to say, to operate

when conditions begin to look more favorable. The operation will rarely be a mutilating one as an ovary will and should not be sacrificed.

Obstetric surgery is every-day surgery and every man's business. More poor work is done here than in any other branch save abdominal surgery. That God-given instrument, the obstetric forceps, has been most abused. The high forceps will be more and more pushed into the background for the Cesarean section. So also its intra-uterine applications by which the writer means its application, before the cervix has been retracted. Not only is the child frequently maimed or killed, but the mother is injured beyond repair. Abdominal Cesarean sections in many instances of abnormal labor has become the least mutilating and the safest of any obstetric operation.

One word as to the induction of abortion. The writer knows of no operation more abused. Men of good surgical acumen seem to lose all ethical consideration when it comes to destroy life at an early period of gestation.

On a former occasion the writer has said that fewer unborn children would be destroyed if they could be represented in a court of justice. This shortcoming is entirely due to a want of popular appreciation of the fact that life begins with conception and that if there is a soul it is there at the time of conception.

We can see no difference between the killing of a foetus and the killing of an adult. At certain times one may have to die as a matter of self defence. We say this without any religious bias. This is simply an ethical and medical question so far as we are concerned.

Of late there has been a most nefarious practice of inducing labor before term on theoretical ground or because of the convenience of the patient, nurse or doctor. This is not as it should be and should be strongly condemned. Many a life of the mother and child has been sacrificed.

The induction of labor is an exceedingly valuable means and should be resorted to with all the indications and care of a major operation. The indication should be closely drawn. It is best to draw an equation with chances of the mother after induced labor on one side, and her chances by expective treatment on the other.

This paper could touch on principles only, not on details. If it has directed but one man's attention to the fact that surgery must not be resorted to, except for good

and sufficient reasons, and solely for the patient's benefit, it will have fulfilled its purpose.

### THE MORBIDITY OF CHILDHOOD AND THE MORTALITY OF SUCCEEDING DECADES.

BY THOMAS N. GRAY, M. D.

East Orange, N. J.

It took many years of effort to awake the Nation, State and municipality to the importance, civically and financially, for staying the excessive mortality of infants.

During these years, those having full realization of the urgency for action were compelled to stand aside and see money appropriated and energy applied to the conservation of wood, stream, field and mountain, waste in which means waste in a tangible amount of money; and of animals, in which there is a known value to those raising them. Only a potential value could be given as resident in the child.

As in all instances, however, where persistence in effort is maintained, the fact was finally forced home to governing and legislative bodies that this potential value becomes great and tangible if the child lives to and into manhood or womanhood. Tangible civically in service to community, State or Nation. Tangible financially, in earning power of brawn and brain.

Immediately with the realization, cities, States and the National government began, scientifically and definitely, the effort to conserve infant life.

The success which has attended this effort, brilliant and impressive, assures the spread of the work, and gives warrant for the exploitation of another channel for child welfare work.

Such channel is existent, and appealed to me in selecting a subject for the task put upon me by your scientific committee.

The demand for conserving infants' lives, giving them the chance to grow to and into adult life, was and is compelling. Equally compelling is the demand that children's health be conserved, and they be given the chance to grow to and into *robust* adult life, and to live the allotted years of man. This, then, is the channel for child welfare work to which I wish to call attention; the conservation of child health, with the object of preventing those deaths which occur in later years, due to those diseases of childhood which are preventable, through that prophylaxis of non-communicable dis-

eases made possible by proper equipment for diagnosis; through fore-knowledge and thoroughness of examination; and through control of epidemics and immunization of communicable diseases.

There is another reason for the demand for conservation of child health which has recently come to us, namely, the vital need of preparedness which has come to all thoughtful men. An integral part of that preparedness is robust, virile manhood and womanhood. As scientific men we know that every illness takes something from reserve force which is never wholly replaced.

No effort has been made to prepare a scientific paper. What I wish to present are some thoughts evoked by a searching look backward, and experiences of my later years of professional life linking up with this backward look. The limited time allowed will permit but an outline of these thoughts. Their development, and final assent with, or refutation of, must come from the discussion I wish to stir up.

The causes of later year deaths discussed will be organic heart diseases, chronic nephritis and pulmonary tuberculosis; and the diseases of childhood as possibly leading to these, rheumatism, diphtheria, scarlet fever, measles and whooping cough.

In 1913, in the registration area, the deaths from organic heart disease between the ages of 10 and 40 were 10,257. 2,148 of these occurred between 10 and 19. 2,988 between 20 and 29 and 5,121 between 30 and 39. No figures are in existence showing the percentage of these deaths traceable to a first decade rheumatism, diphtheria or scarlet fever. I use the word rheumatism advisedly in the absence of a better term. Von Jurgensen gives figures from two clinics as to the causative relation of polyarthritis to valvular disease. The figure of one clinic is 65%, of the other 36%.

It seems inconceivable that on a question depending upon history taking, there should be such a divergence between two clinics, if history was well taken and weighed in each instance. If both figures were correct, even then they would have no value as bearing on the question we are discussing, for they do not show the age at which the polyarthritis occurred, and do not show deaths from valvular disease, except when the rheumatism was of the acute type, while clinically, we know these facts: That scarlatinal rheumatism is the cause of many cases of endocarditis and damaged valves; that in the child a typical polyarthritic manifestation of rheumatic infection is the



uncommon occurrence; that the younger the child the more true this is; that cardiac complication of rheumatic infection is not only more common in the child than in the adult, but is as a rule more severe also. How often do we find a heart lesion with the history of "growing pains only." How many cases of damaged valves with a history only of repeated attacks of tonsilitis! How many times the consultant sees damaged hearts, with a history of a week or ten days of fever, and an unavailing search for the cause!

Have we not reason to know from the records of our clinical experience, that many of the deaths from organic valvular disease in the second, third and even fourth decades go back, to the rheumatic infection of the less out-spoken type, or to the polyarthritis following scarlatina as well as to out-spoken polyarthritic type? Those whose length of service in the profession has covered the lives of patients, from birth into the fourth decade, have had a demonstration of such connection many times.

There are no figures showing the deaths from acute dilatation of the heart in boys and girls in the second decade. Nor are there any figures showing how many of such deaths are due to myocarditis damage done by the childhood attack of diphtheria; but were such figures collected, I feel they would attract attention. I have seen ten such. Romberg places the percentage of myocarditis, complicating diphtheria, at 20.

Krehl, writing on the subject of diphtheria and the myocardium, says "the infectious disease that has run its course many years before—appears to be capable of influencing myocardial disease in later years, although the interval may have been marked by perfect health; adding possibly the infection prepares the way for later myocardial disease."

Is it not possible, even probable, that the real condition is a permanent damage done to the musculature of the heart by the diphtheritic toxin; such damage giving no symptoms of its existence, until an extra stress on the heart results in an acute, and often fatal, dilatation?

I leave the question with you for discussion. In 1913 there were in the registration area 6,778 deaths from Bright's disease between the ages of 10 and 40.

All authors I have read on chronic Bright's, with the exception of one, make the statement that this disease in adult life has no connection with a scarlatinal nephri-

tis in childhood. This may be approximately true of the Bright's of late adult life.

In recent years, whenever I have read this statement, the query has come to me why are we so successful in bringing those scarlatinal nephritics, who do not die, to a perfect recovery, and undamaged kidneys, and have failures to reach this end when the nephritis in the child is due to other causes?

I have had in recent years, many young men, whom I had known from infancy, come to me because of a rejection by an insurance company, which found albumin and casts, my own examination confirming this; or coming to me with symptoms which led me to a urinary examination, with resulting confirmation of my fear; and have had sad experiences at the bedside of young primipara, also known to me from infancy. The fact that in all but 10 of these cases, I could find no cause for the chronic Bright's other than the recalled attack of scarlatinal nephritis, has confirmed a former partial conviction, so that now I believe with Fagge, that many cases of chronic Bright's in young men and women are the results of such nephritis.

Such connection between the scarlatinal nephritis of childhood and the chronic Bright's of young manhood and womanhood, may not be a very large cause of the 6,778 deaths between 10 and 40, but I leave with you for discussion my conviction, that the percentage is large enough to warrant such discussion.

In 1913, in the registration area, 52,125 persons between the ages of 10 and 40 died from pulmonary tuberculosis. The fact that this disease has its origin in childhood infection is so commonly accepted that no argument nor figures are needed to prove it.

Another fact, equally well accepted, is that measles and whooping cough increase a child's susceptibility to infection.

Belief that a large percentage of deaths in later years, from the causes mentioned, are due to preventable childhood disease, is my warrant for bringing this subject before you, and is also my warrant for discussion as to why such diseases are not prevented or forestalled, and for suggestions as to how they may be prevented or forestalled.

Earlier in my remarks I used the words: "Preventable either through that prophylaxis of non-communicable diseases made possible by proper equipment for diagnosis; by fore-knowledge and thoroughness of examination; and through control of epidemics

and immunization of communicable diseases."

Taking up the first item; are the colleges properly equipping their students for pediatric work? When men of my age graduated, we had only that knowledge given to us by an occasional didactic lecture; by the clinic, in which the class was so large that only occasionally could one make an examination; and by that acquired by reading. We had to gain knowledge later from observation in the sick room, and by study of the mistakes we made. This was the case with graduates for many years after. Of late the colleges are giving a more adequate pediatric education and better opportunities for clinical instruction. Are they, at this, giving proper equipment?

Is it not true that many men in the profession, who have never taken a deep interest in the infant and child, dismiss the child with aching limbs with, "its only growing pains"; attend the tonsillitis child, again and again, but fail to examine the heart; also when in attendance on a child with a fever, and no other symptom, fail to keep in mind that not infrequently the rheumatic infection expends itself on the endocardium.

And many too, well equipped with full knowledge of the pitfalls in the life of the child, and of thorough examination, if they have the time, but fail, in the hurry of the crowded day, to examine thoroughly and to exhaust every means of diagnosis.

The salicylates being specific in many cases of rheumatic infection, how many opportunities for forestalling the damage to heart valves are lost through failure to make an early diagnosis!

Many physicians await the report from the laboratory before giving antitoxin in the case of suspected diphtheria. Many too, discard their suspicion with the receipt of the negative report.

Again how many opportunities are lost to forestall the action of the toxin on the cells of the musculature of the heart!

We know the value of antitoxin in immunizing against diphtheria, and Hess has shown what may be done in immunizing against whooping cough; his work was done under such ideal conditions for control and observation that it warranted a trial in private practice, and I can give evidence of such value from results attained.

May we not then look forward to the time when research workers will place at our command the means for immunization against all infections?

Until such time comes, and even after it comes, must we not look to health boards to prevent epidemics of scarlet fever, diphtheria, measles and whooping cough? Are we not justified in propounding for discussion the question: "What are local boards of health doing to check epidemics of these diseases?"

An answer to this question can be given by the history of the last epidemic of measles in the city of Newark, 7,000 cases; the epidemic stopping only when material was exhausted. This is the history of epidemics of all the communicable diseases, except smallpox, in all localities, in the majority of instances. Contrast this epidemic of measles with the last epidemic of smallpox in the same city. The city, at its outbreak was practically unvaccinated. The first case was found in a public lodging house in which the patient had lodged five nights before being discovered. In this character of house the population changes nightly, and fully one-half of the nightly lodgers, are new comers. This means that a large number of exposed men, with the majority without doubt infected, left this lodging house every morning for five days. Yet, this epidemic, was confined to 1,288 persons; how was this done? By wholesale vaccination, immediate isolation, and strict quarantine of the exposed.

Would not the same isolation, strict quarantine, with immunization in diphtheria and pertussis, limit and control scarlet fever, measles, whooping cough, diphtheria? Why do municipal boards content themselves with a placard on the house and directions to keep other children from school and in the yard if the patient is a child? If the case were one of smallpox, the board would see that isolation is isolation, and would enforce strict quarantine. As it is not smallpox, no one knows whether the father fondles and kisses the sick child before going to and returning from work, or whether he obeys the quarantine and keeps away from his child. No one knows whether or not brothers and sisters help to amuse the patient, and childhood knows no limit of yard in the excitement of play. There is no attempt to enforce a quarantine of the exposed.

During the preparation of this paper, I asked a prominent health officer two questions: The first, "Have you the power under the State law to enforce the same isolation and strict quarantine in other communicable diseases that you would use if smallpox came into your city?" "Yes."



The second: "Why then, do not health departments use this power to control these other communicable diseases?" "Because public opinion would not sustain them, and to do so would bring about a furious storm of protest."

I have no doubt but what this officer's statement is a fact. This being so, what should be our attitude? Should we begin an active campaign to show the public the necessity for the same character of isolation and quarantine for other communicable diseases, as is used for smallpox. Or should we urge State and municipal boards of health to take radical action, and from this time on to exercise their power, and in so doing, if the same success comes as has been experienced in smallpox, give the public education by an object lesson?

In deciding, this question must be considered: Is such radical action practicable in a large city? In a small town, say of one or two thousand, a health officer, with the law behind him, and with a good punch, could arrest every outbreak of any communicable disease we have been discussing. In a large city, however, would the cost make such control impracticable? It is evident that no large city could meet with success unless it had ward or district health boards, under the supervision of the central board.

Then too, the majority of counties in the State would need an adequate isolation hospital. You will note I say adequate. This because the isolation hospital in my own county takes only smallpox, scarlet fever and diphtheria.

May I hope for a full discussion from every angle of the questions raised?

There is left to discuss the subject of tuberculosis. As stated before, the fact is established that this is a childhood problem. Briefly stated, my position is this. The control of tuberculosis can only be obtained by removal of open cases to a sanatorium, and by placing infected children in a preventorium.

To do this will require an adequate sanatorium and preventorium in every county. Those counties having complied with the law of 1912, are equipped as follows: Atlantic, 72 beds; no preventorium. Camden, 72 beds; no preventorium. Essex, 107 beds; no preventorium. In this county, Newark also has a sanatorium with 80 beds, which takes children over 12 years of age. Hudson, 174 beds; preventorium in course of construction. Mercer; Trenton has a municipal sanatorium, 68 beds, which is used by both city and county; no preventorium.

This sanatorium takes children and during the summer maintains outside camps for them on the grounds. Morris, 24 beds; no preventorium. Children are admitted to the sanatorium. Union, 150 beds. This sanatorium takes patients from Somerset County also. It has no preventorium, but a ward of 20 beds in the sanatorium is set aside for children. The expectation is to enlarge this ward in the near future. Burlington County is taking steps toward the erection of a sanatorium; the credit for this movement belonging to the county medical society.

I leave with the delegates from those counties having a sanatorium, discussion as to whether these are adequate, reserving for myself my own county. This county has a population of 500,000 and a tuberculosis census of at least 7,000, this figure being conservative. As stated above its sanatorium has a bed capacity of 107. It has in addition a sanatorium for the insane tuberculous with a bed capacity of 100. Further comment is unnecessary.

There is but one reason for inadequate county sanatoria in this State, with its ample enabling act for their establishment. This reason is the failure on the part of the freeholders to appropriate sufficient money. This failure being due partly to lack of appreciation of the need, partly to the deterring fear of a raise in the tax rate.

Before leaving this part of the subject I wish to state my personal opinion that sanatoria without preventoria means an endless chain of expenditure, with no hope of control of the disease.

This has long been my opinion, and has been emphasized by the findings of the Bureau of Tuberculosis of the Newark Board of Health, which are, that 75% of children coming from tuberculous homes, are found to have positive evidences of infection. Of what avail are sanatoria, when we know that unless properly cared for, a certain percentage of these infected children will become the open adult case in the future. Hospitals and sanatoria by all means; but the demand of the tuberculous problem is to arrest this endemic disease at its fountain head.

The number of children infected with the bovine tubercle bacillus is unknown. It is estimated that every year 10,000 children in the United States die from this type of infection. It is not, however, the effect of this bacillus on the mortality of child life of which I wish to speak, but rather of the vast army of children who annually become crippled or distorted from this cause, and

who will live into adult age in this condition, with their efficiency diminished; never able to give the best in service; sad lookers on while others are taking their part in the training for preparedness which only the robust and physically perfect may undergo.

It is not the fault of health boards, that the tuberculosis cow stays in the herd, for State and local boards, with few exceptions, are making strenuous efforts to rid all herds of such.

The fault lies in the injustice of the law which allows the dairymen but a nominal price for his slaughtered cow, and takes from him the value resident in hide, horn, hoof, fat and the meat if it is saleable. No encouragement here for co-operation on the part of the dairymen. The law intended to overcome tuberculosis in animals locks the door on success.

In conclusion; to the best of my ability I have presented to you a subject which I believe is of great importance. If the discussion maintains my believe that a child is not getting a fair consideration in many instances, then cannot it be urged that a correct diagnosis and early diagnosis in the presence of the child is quite as essential as they are in the case of fulminating appendicitis, an ectopic pregnancy, a strangulated hernia or a volvulus; and too, quite as essential as an early diagnosis in cancer and adult pulmonary tuberculosis?

If, in the matter of education of the student of medicine, your discussion decides this education at present faulty; then may not this House of Delegates bring the subject to the attention of the Council on Medical Education of the American Medical Association?

If in the matter of health work the discussion maintains my position and decides that cost should not be considered, then may I not urge the representatives of component societies present to go from this 150th anniversary filled with desire to help set in motion an effort to meet effectually these acute communicable diseases, and the more chronic tuberculous infection; to the end that boys and girls may be saved the deteriorating effects of these infections on their vitality, and be given the opportunity to reach their allotted three score and ten.

#### DISCUSSION.

**Dr. Bertha F. Johnson**—Dr. Gray has presented a phase of the child hygiene question which needs to be considered. I am frequently asked, sometimes in jest and sometimes in earnest, why so much attention is given to the health of children and so little, comparatively,

to the health of young adults. Dr. Gray is convinced, apparently, that not only the health but the life of many adults is dependent upon proper care during childhood. He suggests two important steps in preventing and controlling certain diseases, which not only destroys many lives, but leave the survivors badly handicapped; these steps are more thorough examinations, and early and accurate diagnosis. I beg to suggest a third step—the prompt reporting of all cases of communicable diseases.

Dr. Gray's forty years of practice have given him a great advantage in considering the subject which he has presented. I prefer to leave to others who have had more clinical experience than I the discussion of the relation of the heart and kidney lesions of adult life to the febrile diseases of childhood.

In a recent number of the Journal of the American Medical Association, Dr. Louis J. Dublin reports a study of 1,153 cases of scarlet fever, with special attention to the sequelae. Of the 90 fatal cases, 11 showed "a distinct kidney involvement," and 7 heart complications. Among the 1,063 survivors, there was a record of 31 cases of nephritis. "It is very probable, however," he says, "that in the non-fatal cases the complications were not stated as fully as could be wished." Dr. Dublin "traced the condition of the survivors of the disease as far as possible through an interval of four or five years subsequent to recovery," and noted, "especially the occurrences of any undue number of deaths during this period from causes which may be considered sequelae of the primary disease."

A previous study of 1,428 cases of patients surviving attacks of typhoid fever showed that "the mortality during the three following years was twice as great as was to be expected from the age, sex, and color of the groups. This high rate of mortality resulted from an increase in the number of deaths from tuberculosis and organic heart disease."

The study of the 1,063 cases of survivors of scarlet fever for a similar period, far from showing a higher mortality, showed a death rate almost identical with the expectation based on the general mortality note. Dr. Dublin says, "It would seem, then, either that impairments of the kidneys which are so common in scarlet fever are severe enough to cause immediate death, or that in the survivors the injurious effect is not sufficiently great to kill within the next five years. It is quite possible, of course, that ultimately there may be an increase in the expected number of deaths from kidney lesions, although such a consequence may not manifest itself until ten or more years have elapsed after the initial incidence of the scarlet fever." Dr. Dublin hopes to clear up this question in the future. Whether future studies prove that many or few cases of nephritis in adults are caused by scarlet fever in childhood, the fact that 2,359 children have died of scarlet fever in the past ten years in this State alone shows the need of the thorough examination, early and accurate diagnosis, and more effective methods of isolation, which Dr. Gray has advised.

I should be glad to have the opinion of Dr. Gray and others on the possible relation of nephritis to the habit of taking cold baths. Many persons, having been told that cold baths have a tonic effect, take a daily cold plunge or



shower, regardless of the temperature of the room or their own reaction to the cold. I know persons whose skin reactions are slow who bathe in uncomfortably cold rooms and remain chilled, and sometimes blue for perhaps an hour or more afterward. Is it not possible that the extra work thrown upon the kidneys by this chilling of the surface of the body might be a contributory cause of nephritis?

I think we are justified in asking what local boards of health are doing to check epidemics of communicable diseases. But until a larger number of towns in this State have full-time, well trained health officers, and appropriations large enough to do the necessary work, I fear the answers will be unsatisfactory.

A campaign of education to show the public the necessity for real isolation for other communicable diseases as well as smallpox might show at the same time the need for more and better health officers, the need for visiting nurses to assist the health officers, and the need of appropriations to pay them. Medical inspection of all school children will help to control the spread of communicable diseases. At present the children in many parochial schools are not inspected; after school hours they play with children from the public schools and go to the same places of amusement. It would be interesting to know how many epidemics start in these uninspected schools.

An essential part of the medical work in the schools is the work done by the school nurses. Frequently these nurses act as attendance officers, visiting the home of every child who is absent. They can, in this way, see that no child is absent who ought to be in school, and that no child is at school who ought to be isolated. If they work, as they should, in co-operation with the board of health, they can help greatly in the control of communicable diseases.

According to Dr. Gray's figures the counties and municipalities provide 767 beds for tuberculosis patients in this State Glen Gardner has about 200 beds. And we have over 4,000 deaths from tuberculosis every year! These figures show that fewer than one in four of the number who die each year has any chance for hospital care. It has been variously estimated that for every fatal case there are from 8 to 12 living cases. According to the most conservative estimate then, we are providing for only three per cent. of the cases. "Seventy-five per cent of the children coming from these homes are infected." It surely is not necessary, in a gathering of this sort, to point the moral!

As for the infection of children by bovine tuberculosis, can not the greater part, if not all of this, be prevented by pasteurizing all milk which does not come from tuberculin-tested herds? In Liverpool a few years ago the government tried the experiment of using pasteurized milk. Among 1,800 children given the pasteurized milk, who were carefully watched every week, not a single case of tuberculosis developed.

Whether we start to work with the idea of lessening infant morbidity and mortality, or with the idea of lessening the morbidity and mortality of adult life, which are due to the illnesses of childhood, we meet the same problems. If we would prevent the heart and kidney lesions of adult life due to rheumatism, scarlet fever, diphtheria and tonsillitis of child-

hood, if we would stamp out tuberculosis, we must take better care of the children.

Irving Fisher says in his report on National Vitality, "Fifteen years at least could at once be added to the average human lifetime by applying the science of preventing disease."

We know that it is possible to practically eliminate typhoid fever and smallpox where we use well-known methods of prevention and quarantine. Should we not exert every effort to educate the public to the point of demanding the same thorough treatment in all other communicable diseases?

**Dr. H. H. Davis, Camden:** This is a broad subject, which much could be said along many lines. But you want the State medical boards of health to do better work. They could do it, and in most cases would do it if, as Dr. Gray has said, it didn't affect the tax rate. If a case of smallpox appears in a little town you can go to your finance committee of council and ask for an appropriation. You can get it, and get all you want. And of all the communicable diseases none is so easy to stamp out and get rid of.

Now, how can you get that money? You must impress upon the different municipalities the need for. The State law, if my memory serves me right, allows 5 cents per capita upon your population. I take my own city of Camden, we would have about \$5,000. Everyone present knows that \$5,000 is entirely inadequate for a hundred thousand people. Let this Medical Society get busy and have an act passed by the Legislature giving us a sufficient amount per capita, and then you will get such work from the local boards of health as the community has a right to demand.

**Dr. Gordon K. Dickinson, Jersey City:** The dollar that you get from your patients on one side says one dollar and on the other side is says "In God We Trust." And that seems to be satisfactory to the average medical man.

Everything that Drs. Gray and Johnson said is absolutely true; but there is a gloomy side to the paper. We have got to a hundred and fifty years of our existence, but we don't begin to have the troubles that our forefathers had whose names are on that banner, and why can't we do something? Why is that we sit as a lot of individuals instead of getting together as a body and through co-operation get results suggested by Dr. Davis?

I fully believe that if we had some man of magnetism and courage to stir up the profession and this professional body and get busy we would have an organization in this State powerful enough to secure needed legislation. Let this State be the first one to organize its medical body so that we might influence not only legislators but also freeholders and our boards of health who are incompetent or are afraid of public opinion. We are all so afraid of public opinion. Why can't we be like Dean Swift? You remember his possibly, one of the great writers of the past. He went to a reception; they had a dinner and they all said grace and bowed their heads and shut their eyes. In those days they distributed the first part of the meal before they said grace so they could have something to say grace on; and while the grace was being said he appropriated his neighbor's breakfast, and when the other fellow opened his eyes he said: "You

have stolen my grub." He replied, "The Bible said, 'watch and pray.' While you was praying I am watching."

We have a president and three vice-presidents. Why can't they go around through the State and talk on these matters, educating the people and stirring up the authorities? I tell you, men, when a lot of doctors get together on one thing that is really needed and put their determined effort on it everybody gives way. If you go as a body down to Trenton and say to them, "We are going to have so-and-so," you will get it. Over in our county we have anything we want from the freeholders, simply for the asking; because one day we made a fight and won a big victory over them. Now, arrange it to-day so that from now on our State Society can be organized for vigorous action.

**Dr. Hess, New York City:** Dr. Gray has certainly brought up one of the most important public health questions of the day. It is being realized every day to a greater extent that many of our ills are contracted in childhood and infancy. The question is so broad it is difficult to know which phase of it to speak on. I think you will all agree that the question of tuberculosis certainly is the most important one. And it is realized now by nearly every doctor since Von Behring first pointed it out, that nearly all tuberculosis is contracted in childhood. I happen to have been in charge of the first preventorium in the United States since it was opened about five years ago, and that preventorium is on a farm, about ten miles inland from Asbury Park. We have about 180 to 200 children there. The children of tuberculosis parents. It may be of interest to you to know of an experiment, which is no longer an experiment, which is instituted over a year ago. We are taking the infants of tuberculosis mothers there before they are infected. We were told that that was impossible, that the mothers would not give up their infants for a year; and that is the minimum time for which we accept them. They agree to let us have them for one year. We have taken the past year about twenty-five in all; all of these children give a negative Von Behring reaction—in other words, we take them before they are infected. We take them away from the mother in the first few weeks of life; sometimes we get them from the sanatoria; we have gotten some from Seaview, sent to us directly from the Seaview Infirmary. The mothers, if we explain the matter carefully to them, are willing to send them in order to save their children.

It may be asked, but how about the return of the child? That question did bother us at the beginning. But in more than half of the cases the mother has died during that first year so that we are able to send back the child to a safe home. In some of the other cases the mother—it isn't always the mother, sometimes it has been the father; but in perhaps eighty or ninety per cent. of the cases it has been the mother who was the infected individual, and in some of those cases the mother was cured. So that we have been able to return the child to a safe home in almost all the cases. There have been one or two who presented knotty problems very difficult to solve, and we have kept the child.

This is an important way to tackle the

tuberculosis problem, because here you have well children—children who have been exposed and are saved for the rest of their lives. Now, as most of the speakers have said, this question resolves itself down to a financial one—what will the local boards of health provide? And in this connection I wish to give an example of what they will not provide. In Long Branch here a few miles away the annual budget, total appropriation, is about \$250,000 a year. That is what the city spends. Last year they appropriated \$2,500 for health work. That doesn't sound very much. This year they have a new form of government, it is going to be managed by a commission. They have decided to give only \$1,500. Last night the matter came up for discussion at Long Branch; they affected a compromise, and they are going to give \$1,900 out of a total of \$250,000. They don't seem to think that a visiting nurse is important. Now, the visiting nurse is near the keystone of this public health work. She is the one to find out the facts and notify the doctor. I think, as some have suggested, that this Society, and individual members of this Society, could do their best work in raising the per capita allowance in these various communities, and if they want to start in Long Branch will give them an interesting place to begin.

**Dr. Julius Levy, Newark:** I believe, if it is possible to pick out one feature of this very valuable paper, it would be that the essential thing in all medical work, as well as in public health work, is the hope of prevention of disease. The possibilities lie in two directions—one in the hands of physicians themselves, and the other one only in the hands of organized societies as represented by their health boards. When we discuss prevention, we are apt to limit the extent and methods of prevention. For instance, in discussing tuberculosis, Dr. Gray pointed out that the sanatorium does not afford adequate prevention, but that the prevention of tuberculosis would best be secured by the preventorium.

I think we ought to go a step further back than that. In the first place, as was suggested by Dr. Hess, of New York, when we think of a preventorium that takes care of 25 infants in the city of New York, we can readily see that it is not going to affect materially the tuberculosis problem in the city of New York. I know this has been done more as an experiment in the State, that larger institutions will be later built up; but I believe that real prevention in health work will never come through institutional methods. In the first place, they are too costly; and secondly, are not sufficiently far reaching. The real prevention must be that which makes for better living conditions, brought about by thorough education of the people. The value of that is: first, it can be done promptly and immediately, and can be done by everybody; secondly, it is something that in the long stretch of time may prevent the necessity for our continual increase in the number and enlargement of the institutions which are open for the care and treatment of those exposed or affected.

Most authorities say that a tuberculous mother should not nurse her infant. Now, in Newark, we have taken the opposite position. We have allowed any tuberculous mother to nurse her infant, if the society leaves that infant with the mother. Our position is this:



that if you separate the baby from the mother, you are certainly decreasing its chances of resistance if you take it away from the breast. That leads me to what is probably the most important piece of work in real health prevention; and that is, the increasing of maternal nursing. We were very much interested in a recent measles epidemic in Newark to learn whether the number of cases of measles was as great among babies supervised by our Child Hygienic Bureau as in other parts of the city where nurses were reporting to us steadily cases of measles, and we were very much impressed by the fact that we had very few cases of measles, although we were working in the most congested, if not the poorest districts, in the city; and the cases when occurring were exceedingly mild, with very few sequelae.

The educational work in teaching the medical profession that maternal nursing is possible in practically 99 per cent. of the cases, and teaching people of the great value of maternal nursing, will prevent much of the bad effects of any disease by increasing the resistance of the infants. As far as the work that can be done by the individual physician (I am thinking particularly of heart disease), I think that some of our cases of heart disease in later life, especially cases of myocardial regurgitation, are due to the fact that we are not careful enough to insure sufficient rest to young children during illness, and during the stages of rapid growth when they were not definitely ill, but when we thought that they were below par. I think we all know many children who are going to school who are not sick enough to be kept in bed, but who do not seem to be well enough to stand any strain. I think a week's rest in bed will do much to prevent myocardial degenerative dilatation or other heart disease.

**Dr. Josiah Meigh, Bernardsville:** I think this matter of organization and education is good for us to talk about here, though if we don't follow up that education with a punch, and that punch has got to be through organization, I don't think we are going to get any fruit from this talk. I come from a small community which represents a great deal of wealth; I have been on the board of health for a number of years—and I find that the trouble is when there is any contagious disease that most people don't want to have the law enforced in their particular case. Not long ago I had a case of scarlet fever in the family of a man who appeared before the magistrate in court more times than any other man; I went there to see about it, and I found the child was out on the lawn with its nurse. "Why," I said, "that is very strange; the child is not sick at all," but after careful examination I said, "That child must be isolated," and the father of the child said, "Doctor, that law is only to be observed with discretion."

Now, there is no discretion about it, that law is going to be enforced, and it seems to me we are not going to get very far in any community unless we have our local boards of health linked up with the county boards and linked up with the State boards. As it is, our local boards of health are political bodies; they are made up of your township committees elected by the people. Of course it depends upon the men most successful in politics. Un-

less we can have our local boards of health linked up with some organization, somewhat similar to the New York Board of Health, I don't think that we are ever going to get very far in this State. You may have adequate boards of health in your cities, but right in the adjoining communities you are going to have your infections spread. I think that our State Society ought to take some action and go down to Trenton with some definite plan of organization whereby we can take our local boards of health out of local politics.

**Dr. Alexander Marcy, Jr., Riverton:** The discussion of Dr. Gray's paper seems to have taken up different lines of thought that were brought out in the paper. The question of public health work has been brought prominently to the front; and it is, perhaps, one of the valuable features of this paper. Public health work is something entirely different from the practice of medicine. If you want a man to do efficient public health work he must be trained to do that work. Now, in our State we have laws which say that every local health board must have a licensed health officer as its executive head. Our State Board of Health has by legislative enactment provided for the examination of health officers, sanitary inspectors of the first and second class, and those examinations are held at Trenton twice during the year. We have before that board a great many men who want to become licensed health officers and licensed sanitary inspectors. Some of them are physicians, men who have been practicing medicine for a great many years. I can tell you that many of the doctors who have been practicing medicine know less about public health apparently, judging from the examinations that we have held than those who have not been physicians.

The mistake in the State is, I think, that we have the cart before the horse; first of all, we should have provided some way of educating men to become health officers and sanitary inspectors before allowing them to come before our examining board. We must have in the future trained sanitarians—public health men who have graduated from some institution which trains men for these positions; the same as medical men are trained before they can secure a license to practice medicine.

This question of the medical profession becoming a unit. If such a thing should ever happen the millennium will have arrived. It will be absolutely impossible for any body of politicians, I don't care how great they may be, to stand before a united medical profession. The facts are, that you may go down to Trenton to your legislative halls for any legislation affecting not the medical profession but the people at large. You will have, perhaps, a half-dozen men from different parts of the State down there to advocate the passage of a law, and every individual have an idea of his own; one man will be talking to his legislator, one advocating one thing, the other fellow another thing—one is there, in fact, craving support of another thing, and you have unity or general consensus of opinion and judgment at all as to what is needed, and the politicians say, "Great Heavens! Here are the doctors down here again, and they haven't the slightest idea of what they need nor what they want."

**Dr. Linn Emerson, Orange:** One thing we

need to prevent the spread of tuberculosis more than anything else is sanatoria for rest in incurable cases. These are the ones that spread the disease. Even the insane are taken care of for their own good, and, also for the protection of the public against them. Nobody would permit a man insane to go about for fear he will damage his neighbor. Yet all our sanatoriums are conducted along that divided line of their percentage of cures; and any individual who is so far advanced that he cannot be cured is excluded. He is sent back to his home among his bad surroundings where he infects all the members of the family and everybody who comes in contact with him. We might just as reasonably have a smallpox hospital, and when the smallpox patient gets to the point where he is going to die, why we will put him out into the street and make room for the fellow that we can save, never mind if all his neighbors and friends and everybody in the community that has come in contact with him contracts the disease, he is going to die, he is hopeless, so why spend any time with him; and it seems to me that the thousands of dollars that we are spending and thinking of spending in sanatoriums for the treatment of tuberculosis patients which can be cured and in preventoriums to stop children from becoming infected is a lot of money wasted when we are permitting thousands of incurable cases to roam about and live with their families, infecting their wives and children and everybody with whom they come in contact.

**Dr. Herman Cross, Metuchen:** I have been listening to this discussion with a great deal of pleasure. There was one phase of the tuberculosis question which has not been raised here to-day. I am living in a locality where there are no factories, but I get a good many patients from the surrounding neighborhoods with factories, and for the last few years I have visited the factories and have seen the conditions under which the employees work. I find that in very many factories the people get there early, stay there without any time for luncheon, get home late at night, do their housework and return the next morning to the same routine. And within about three years' time about fifty per cent. come down with tuberculosis.

To build sanatoria and let anything like that go on would be highly ineffectual for the stamping out of the tuberculosis; and I think this Society ought to go on record in declaring that such factories are dangerous, and in endeavoring to secure some legislation to prevent such conditions. Only last Saturday I was talking to one of the superintendents of a cigar factory, who told me that his people come there to work before seven o'clock, only stop ten minutes at luncheon because they stop the section tables, and they work until eight o'clock in the evening. I asked him about the hour law. He says, "There is a law, fifty-five hours a week, but when the inspector comes around our help—being so instructed—answer they only work fifty-five hours a week." I think this Society, under those circumstances, admitting that tuberculosis is developed in the young but lies dormant until a person's system is run down when it develops, ought to go on record as or advocating more stringent laws about the working conditions in factories.

**Dr. Britton D. Evans, Greystone Park:** It seems to me that just the one thing which could be done of a practical fruit-bearing character would be a general campaign of education. Every large project, whether in medicine or law, municipal government, national government, or in science, arts, crafts, or anything else has been brought about most efficiently by educational work and educational processes.

I shall not speak on tuberculosis, because so much has been said upon it everybody has been impressed with its importance; but the more communicable diseases such as measles and scarlet fever—so many doctors say they tell the patients and tell the families that these are diseases which, if the child is protected for a few days, are not serious. And the general public look upon measles as being very little more serious than a little attack of indigestion. Occasionally the physician talks about the sequelae, but how does he talk about them? He says, "The baby won't need me—the child won't need me again soon," or "in two or three days; keep it indoors."

How much is said about the serious consequences that follow scarlet fever and measles, in the teaching in the public schools? Practically nothing. We hear about smallpox; we hear about tuberculosis; we hear about alcohol; and we hear about tobacco. Those things are referred to in our school-books; but what is taught of the consequences that follow these diseases that are—what has been termed the minor complaints—the infectious complaints? Nothing said about it. If you can educate a community to understand the gravity of the sequelae that often follow these ailments, then they will be ready to stand by you in preventing them. Then you will create a public sentiment, and it grows up in the minds of the children. It grows with that community's manhood and womanhood. They will advocate the principles which you have taught them. When you have got an intelligent public sentiment you can successfully go to your legislative halls and your State board of health and your local boards of health will obtain necessary legislation.

Dean Swift has been referred to. You will no doubt remember that he was accredited with having prepared the shortest sermon of any man living or any man who has lived. He delivered a sermon on giving support to some worthy object. His text was, "He that giveth to the poor lendeth to the Lord." "Now," he said, "if you are satisfied with the security down with the dust." That was his sermon. So if we stand sponsors—if this Society stands sponsor for an educational campaign which will prevent the nephritides from being so prevalent and all the other diseases which follow after these contagious ailments that are of short duration, I think the security will be sufficient—that we will not only have a better order of teaching, but we will have a higher degree of support of our State health board at Trenton and of our local boards of health in our communities that will mean success.

**Dr. Thomas N. Gray, East Orange:** I am glad that we have had so much discussion; I won't say anything in regard but answer about one or two questions—the question of—that Dr. Levy raised about the better homes underlies the whole problem. Underlying the whole



problem of any of our diseases is the economic and the environmental condition.

But we have to deal with the present-day condition; and we cannot do anything by which we can remedy these homes in the very near future. So we must have the preventoria and the sanatoria for children and for the adult tuberculous case. We must have better isolation and better protection of the public from those who have been exposed to these contagions on the part of boards of health.

Now, the question that Dr. Emerson has raised, that we are not enough interested and don't take to heart enough the cases of these people who have distributed tuberculosis all through the community. I don't believe that one per cent. of those cases of tuberculosis are contracted outdoors. I don't believe but very few cases are contracted in the open. It is a (whole ?) disease, and those who are negotiating the tuberculosis problem must study the (whole ?) disease. Now, suppose that to-day we could go out from this State meeting of ours and in one month's time we could have sanatoria provided in every county that would accommodate every single open tuberculosis case, it would not accomplish one single thing in the way of studying tuberculosis. Why? Because in ninety per cent. of the homes where they came out the boy of 10, 12, 14, 16, 20, just in five years or in the course of six years you would be taking them out of the same place, and they would have staid at home just long enough to provide some others at ten or twelve years you have got to take and put in the sanatorium. You have got to take those people left in the home and see that they don't grow up into tuberculosis open cases, and by reporting the disease which we know in this day cannot be done. Sanatoria and preventoria will never stop the tuberculosis problem.

**A Member:** Dr. Levy said it would be much better to have tuberculous mothers nurse their tuberculous infants. It might possibly increase their resistance, but at the same time will increase wonderfully the chances of reinfection. It is a question in my mind—and it is contrary to all tuberculosis authorities—that you should, that a tuberculous mother should nurse a tuberculous child, for the simple reason that it has been proven that most cases of tuberculosis in children have been contracted from without sources, either from human agency or the bovine type. If you are going to allow a mother to nurse a child, and the question comes up whether a tuberculous mother it goes into the child the first year she is nursing, and I personally think that standard is radically wrong; but he says that has been endorsed by Newark and those who were city tuberculosis experts and know it.

**Thomas N. Gray:** I have charge of the tuberculosis work in Newark and come in contact with the children infected from adult cases at home. I do not believe with Dr. Levy that if your child can be protected from the mother, that if that child can be kept on the breast and you can absolutely keep the child from being infected by means of the sputum of the mother, that child is going to stand a better chance of resisting the tuberculosis infection because it has had the food the Lord meant for it—I believe that; but the question is now, if that mother is not going to contaminate that baby while she is nursing it. I don't believe

that the milk contaminates the child. The question is, this is the same question of cause there that comes with my work; if I could put a nurse in every home and put that nurse there I could prevent any infection in that home. We can't do that; it is an impossible thing; that is a point I want to reiterate with emphasis. We want in this State preventorium in every county large enough to take the children infected and build a sanatorium large enough to take those cases which are open cases.

## THE EDUCATION OF THE NURSE.

By GORDON K. DICKINSON, M. D.

Jersey City.

In no country have Florence Nightingale's ideals been so thoroughly studied and worked out as in the United States. In Germany and France we still have the domestic nurse. In England a species of sisterhood has developed, the makeup of which is largely from the lower classes. But in America this type of work has appealed to young women of all ranks of life, so that it is not uncommon for a well-educated, highly intellectual, and well-bred young woman of the upper class to enter a training school, finish her course, and practise her profession.

The obvious result of a special profession with numerous intellectuals belonging to it is that it should become idealized and that the active ones in it in time build on their ideals and endeavor to influence the main body. As a result, the nursing profession has organized in the States and exerted its influence as a professional body on hospitals, allied institutions and legislatures. Laws have been enacted which have effected more or less severely the very source from which the nurses are acquired.

The prime object in establishing the nursing school was for the care of the sick in the hospital and in the home, that the physician and surgeon might have some one to intelligently observe his case and carry out his instructions. The immense value of a trained mind has been taken advantage of by those requiring office nurses (dentists, physicians, etc.), by insurance companies who are employing visiting nurses, by clinics of various types, and by other associations having for their object the training and attendance on the poorer classes, so that nowadays a graduate nurse often cannot be found to minister to the sick of the practising physician.

Her work in general practice is uncertain, irregular, sometimes very tiring, other times weeks with nothing to do. It is a

rare nurse who has the health and popularity and clientele to bring her an income over six or seven hundred dollars a year. The allied associations give steady employment, evenings and holidays off, a summer vacation, and a regular salary far exceeding the other.

In these conditions just cited and also the fact that many more hospitals are taking upon themselves the training for nursing as a profession, together with the so-called "high standard" of educative requirement and the long period of three years as demanded by Legislature at the request of members of the nursing profession, we see the reasons for the small number of girls applying to the training schools. Of course, some of the larger hospitals, where every accommodation for comfort and entertainment is given, do not feel the pinch and still have a large number of applicants, but even they do not have the long waiting-lists they once had. Most of the institutions who are doing excellent work and need to keep up this work without intermission or excessive strain, yet they have not sufficient means to build delightful nurses' homes and to give the nurses a home life equivalent to that which they left, are finding great trouble in securing a full quatum of those needed.

An investigation of twenty-two hospital superintendents, seventeen physicians and seven nurses shows that the large majority feel that the present demands are not exorbitant, that they should be lived up to, and that the present conditions do not warrant change. But there is a minority, and that minority made up of strong minds, of those who seem to possess a broader horizon and long sight into the future, who in clever language call for a change.

Perhaps one would expect the superintendents of hospitals to have a little bias toward conditions which they have been responsible for in a measure, and the physicians who have replied to give not their opinions after thoughtful deliberation but that which is easier to obtain, the opinions of their hospital superintendents. But the personal interrogation of practitioners and many a sensible nurse leads us to feel that the time has come for a reconsideration of the whole matter, for the demand seems to be for intellectual minds rather than for those who have received a little more education. It seems to be for training of nurses rather than teaching them, and for more training and teaching at the bedside. On this one point all are in accord. Our

girls come on duty in the morning, work hard to the tiring-point all day, then are expected to be able to study, comprehend and recollect that which they read in the evening.

Then, again, is it fair to the applicant who comes to the hospital to be trained as a nurse to use her as much as she is used as a convenience for the institution, and to neglect so largely bedside training? We have discovered that in many institutions who pride themselves on the quality of their school that the training is left to the subordinate nurse, while those who are paid for that purpose are seldom seen at the bedside. We have also found that errors instead of being remedied by precept and example are too often controlled by severe discipline.

We would earnestly request the members of the State Medical Society to appoint a committee whose duty it shall be to investigate the methods of instruction and training in the training schools of the State, to investigate the principles underlying hospital training schools, to consult with the nurses who have graduated and those who are in training, and report at the next annual meeting as to whether the present method is the most satisfactory, whether it would not be wise to take the young woman from the grammar school, give her two years' intensive training at the bedside, supplemented by book instruction, and then, with our hospitals standardized, whether a diploma from such an institution will not be sufficient without compelling the graduate to go to Trenton and pass a second examination before the committee there.

Remember, what we need is nurses for homes, nurses for physicians and surgeons in their general practice, and let us leave to a post-graduate course and special instruction to enable nurses to assume positions as superintendents of hospitals, trainers of nurses, or to fill other positions of greater responsibility. The object of the investigation should be that of the relation of the present methods to the needs of the bedside, of the hospital, and of the specialist.

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Note—The Oration in Medicine by Prof. M. H. Fischer will appear in the October Journal. He is in California and has been so busy in the preparation of two volumes which he promised his publisher would be ready for issue in the early fall, that it has been impossible to revise our stenographer's report of the Oration which was delivered from notes. The banquet addresses will also appear next month.



## COUNTY MEDICAL SOCIETIES' CENTENNIAL CELEBRATIONS

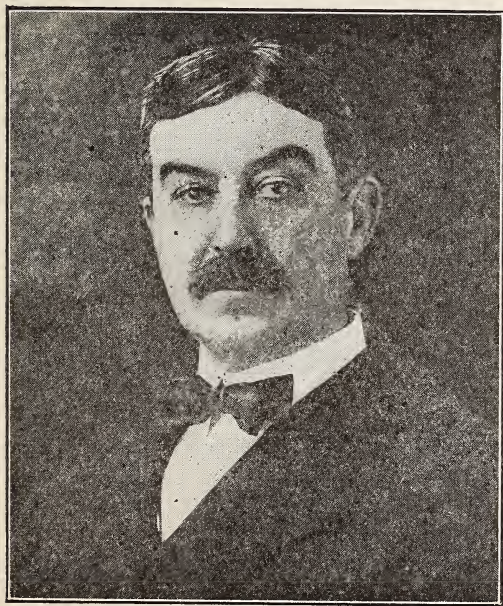
Concluded. See Page 405 August Journal.

## MIDDLESEX COUNTY SOCIETY.

This Society celebrated its centennial anniversary by holding a banquet at Klein's Hotel, New Brunswick, June 21, 1916; nearly all the members were present with their wives. Among the guests were Presidents Barbash, Hagerty and Sexsmith of the Atlantic, Essex and Hudson county societies respectively; Drs. T. N. Gray, H. A. Cotton and G. H. Dickinson; also Rev. Drs. J. N. Jones and J. H. Raven; Senator W. E. Florance.

A male quartette from Newark furnished most excellent music for the occasion.

At the conclusion of a sumptuous dinner a fine literary treat was provided.



FRANK M. DONOHUE, M. D.

The president, Dr. Frank M. Donohue, acted as toastmaster and in opening the post-prandial exercises delivered the following brief address:

Fellow Members of the Middlesex County Medical Society; Ladies and Gentlemen:

In the name of the Middlesex County Medical Society I bid you welcome to this feast, which is in celebration of the centennial anniversary of the organization of this society. You see here an active, live society fully equipped and able to continue the good work which it is now doing. My memory does not hark back to 100 years

ago, when the society was formed, but it does go back 40 years. I remember very well Dr. Augustus F. Taylor. Dr. Taylor was blind the last years of his life. He was a great friend and admirer of Dr. Clifford Morrogh, with whom I began the study of medicine in 1875. Two or three times a week, while sitting in the office of Dr. Morrogh, pouring over Gray's anatomy, I would hear the click of a cane on the stone steps, which lead to the office. Dr. Taylor would then present himself, for a little chat. He would relate to me the wonderful feats of surgery which had been performed by Dr. Van Duersen. These chats would last two, and sometimes three hours. Dr. Clifford Morrogh, a man who is nearer to me than any other man in this world could be, except a father, was a splendid type of man, an accomplished surgeon, and many years ahead of his time in surgery. At that time asepsis was not known, but he had an inkling that dirt was antagonistic to the healthy repair of wounds. After every operation which he performed, he would himself take two basins of hot water. All the instruments were put into one basin, carefully scrubbed with a fine brush, transferred to the second basin, dried with a chamois, dipped into turpentine, and put away. While this is not the perfect asepsis, which we know today, I think we all will admit that it was way ahead of the practice of that time.

Dr. J. C. Thompson, of South River, was a splendid type of the old family doctor. The pockets of his coat were lined with 6-oz. bottles of commercial chloroform. He told me many times that these were his most reliable remedies.

Then Dr. Henry R. Baldwin, whom many of you remember with a great deal of love and veneration.

Dr. Ambrose Treganowan, of South Amboy, an ever present member at the meetings of our society, and who was always ready with a joke and a smile for every other member.

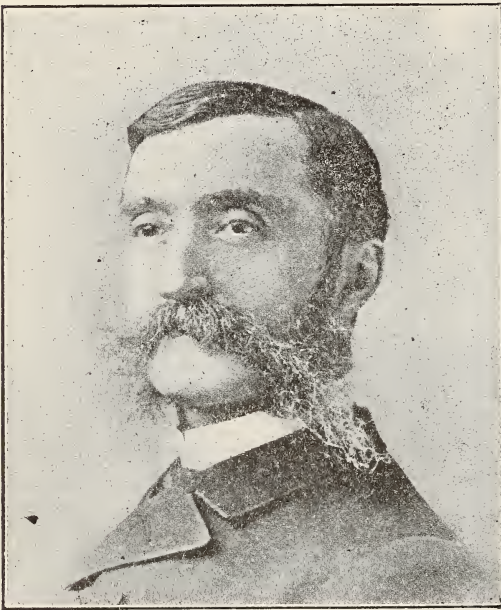
Then Dr. Nicholas Williamson, that lovable man, whom we all respected for his learning, his gentleness, and his strict devotion to his patients, brings me down to the present time.

I cannot close this welcome without the mention of the name of Dr. David C. Eng-

lish, who is still with us, still very active in everything that concerns the welfare of this society. I am sure that I give expression in voice to the sentiment which every member of this society holds in his heart for Dr. English: that he may be spared to us for many, many years of usefulness, and that his ability as a writer, as the editor of the State Journal as a collector of historical medical facts, may not be dimmed as years go fleeting by.

Dr. English is so well known to you that he needs no introduction, he will now deliver the

#### HISTORICAL ADDRESS.



DAVID C. ENGLISH, M. D.

I need not remind you that it is no ordinary occasion that has called us together this evening. One hundred years of work in one of the highest and holiest of callings, with such a record as we might present, did time permit, of the activities and achievements of our county medical society, and the fifty years preceding of the work of the medical men of Middlesex County which led up to the organization of the oldest Provincial and State medical society on this continent, in which the medical men of our county bore a very conspicuous part, should make this meeting one of extraordinary and thrilling interest. We are painfully conscious of the fact that we cannot in this brief sketch do our society justice.

The minutes of the first 75 of the 100 years of its existence have been lost and the frequent changes in our county's bound-

ary lines has made our task somewhat difficult. We are, however, somewhat resigned to our loss of records and felicitate you who have honored us with your presence, for had we those minutes we might have wearied you with the recital of uninteresting routine business items.

We boldly assert at the outset that there has been no organization of professional men that has exerted greater power and influence for the benefit and uplift of humanity and none that has exhibited a truer altruism than has the Medical Society of New Jersey during its 150 years and the county district societies during the 100 years of their existence.

We have chosen as our subject: Our Society; Its Origin; Its Members and Their Work, and we have sought accuracy of data and brevity in presentation rather than an attempt at elegance of style and diction.

Our Society's Origin: It was created by the Medical Society of New Jersey under the law passed by the Legislature on February 16, 1816, which authorized the State Society to organize district societies in the various counties. It is a singular and interesting fact that the creating society from its beginning in 1766 was composed—in no small proportion of its founders; of the unorganized medical men of Middlesex County. The one who was doubtless the original advocate of the Provincial Society and who signed the call June 27, 1766, for the "Practitioners of Physic and Surgery in East New Jersey to meet and form a society for their mutual improvement, the advancement of the profession and the promotion of the public good." and who at the meeting held July 23, 1766, was elected its president and re-elected in 1767, was a practicing physician of great ability at Perth Amboy, this county, and also was the rector of St. Peter's Episcopal Church in that city.

We must call attention to two meetings that were held by the State Society which resulted in our Society's organization. A new act of incorporation having been passed by the Legislature February 16, 1816, a reorganization of the State Society took place and on May 7, 1816, a little group of members gathered, when Dr. John Van Cleve, of Middlesex County, was elected chairman; fifteen managers were chosen, seven of whom were physicians of Middlesex County and two others were residents of New Brunswick, though credited to Somerset County, because Albany street was the dividing line between the two counties. The managers then elected the State So-



ciety officers (somewhat similar to our present House of Delegates) as follows: President, Dr. Lewis Dunhouse; vice-president, Dr. Enoch Wilson (both of Middlesex); treasurer, Dr. E. F. R. Smith; corresponding secretary, Dr. Augustus R. Taylor (credited to Somerset but both residents of New Brunswick), and recording secretary, Dr. Wm. McKissack.

At the same meeting the Society proceeded to provide for County or District Societies in Middlesex, Somerset, Monmouth, Essex and Morris, appointing a committee to organize each on a specified day, place and hour. The committee appointed to organize our Society was: Drs. Lewis Dunham, Jacob Dunham, Enoch Wilson, Matthias Freeman, Charles Smith, Nathaniel Manning, Ralph P. Lott and John Van Cleve. On June 13, 1766, the State Society met at New Brunswick; it was the day the County Society was organized. The State Society appointed Drs. C. Smith, J. Van Cleve, M. Freeman, Nathaniel Manning and Enoch Wilson censors for Middlesex County. So that our Middlesex County Society was fully organized. We turn to the second part of our subject: The Society's members and their work, and we emphasize the fact that the all important essential basis of a medical society's value, its greatness and its influence, is not in the perfect, well-oiled machinery but in the character, the service, the devotion of the MEN who compose its membership, and therefore we shall give considerable of our allotted time in introducing or calling to your remembrance a few of the great men who have given our Society prominence in the State and Nation.

They were not unmindful of their civic relations and duties; of their responsibilities as patriots in times of National conflict; of their obligations to church and State, as they freely ministered to the needs of suffering humanity with a charity that knew no bounds and a devotion that meant self-denial and often self-sacrifice. Let us first note the men appointed by the State Society to organize our County Society.

#### LEWIS DUNHAM, M. D.

Dr. Dunham was born in New Brunswick in 1754; he was the great-great grandson of Edmond who was the first white child born in Middlesex County. His father, Azariah, was an active Revolutionary patriot. In 1775 he was a member of the Colonial Assembly from Middlesex; was a delegate to the Provincial Congress.

He commenced practice in New Brunswick and continued it until the breaking out of the war; was commissioned surgeon of the Third Regiment Feb. 21, 1776; surgeon Third Battalion Nov. 28, 1776. He became a member of the State Medical Society in 1783, and was one of its most active members; was secretary in 1883 and 1884; was elected its president in 1791, and again in 1816. He opened the annual meeting in 1792 with a dissertation on "Bathing," which is given in full in transactions 1766-1859, pages 98 et seq. There is also given in full in the same volume the report of a case of "Colic; its progression to an Intussusception or reduplication of the Intestine," etc., page 166 et seq. Case of "Chorea Sancti Viti," dated June 9, 1818, page 181 et seq. He practiced more than forty years.

#### JACOB DUNHAM, M. D.

He was a brother of Lewis; was born in New Brunswick September 29th, 1767. He attended lectures in Philadelphia when he was twenty years of age; was a classmate of the eminent Dr. W. P. Dewees and there was always a close intimacy between them. The doctor's practice was an extensive one, covering a wide territory. He was elected a member of the State Society Nov. 6, 1792; was its treasurer from 1808 to 1815. He died August 7, 1832.

#### ENOCH WILSON, M. D.

We have not been able to trace Dr. Wilson historically, but we have found in the State Society transactions that he was corresponding secretary of the State Society in 1815; in 1816 and 1817 he was one of the managers; also in 1816 and 1817 he was vice-president of the State Society and one of the censors for Middlesex County. He was very regular in attendance at the State Society meetings.

#### MATTHIAS FREEMAN, M. D.

Dr. Matthias Freeman was born in Woodbridge where he practiced many years; he was very highly esteemed; was elected a member of the State Society in 1808; was regular in attendance and served on important committees; was a member of the Board of Managers; a censor for Middlesex County several years. An able paper by him entitled "Some Remarks on Digitalis, Calomel, and Alkalies in Pulmonary Consumption" appears in full in the transactions of the State Society.

#### CHARLES SMITH, M. D.

Dr. Smith was born near Princeton 1768; graduated from Princeton College 1786;

studied medicine with Dr. Moses Scott; received the degree of M. D. from Queen's (now Rutgers) College in its first class to graduate 1792; became Dr. Scott's partner and married his daughter. He served as surgeon in State troops during the Whiskey Insurrection in 1794; was elected a trustee of Rutgers College 1804. He was a skillful and successful practitioner, one of the most accomplished of his day; was elected a Fellow of the College of P. & S., New York City in 1814. He was corresponding secretary of the State Society 1807 and 1808; vice-president in 1810 and president in 1811. He died May 7, 1848. He left an estate of about \$150,000. Our State Society took action on his death which characterized him "One of the most learned and skillful members of the profession in the State."

#### NATHANIEL MANNING, M. D.

Dr. Manning is said to have belonged to the family that came to Perth Amboy in the "Caledonia" from Scotland in 1715. He received his medical education under the tuition of the "Faculty of Philadelphia;" he presented testimonials from them as to his proficiency in medicine when he joined the State Medical Society in 1767. He first practiced in Metuchen and was considered an able physician. He graduated from the College of New Jersey in 1762, and is noted in its catalogue as a clergyman. In 1771, being about to leave the province, he applied to the State Society for a certificate of character as a physician, which was granted. He went to England in 1771 and was soon after ordained by the Bishop of London for Hampton Parish, Virginia. In 1775 he was its incumbent. We note the following cases reported by him to the Society, and published in the transactions 1766-1859: "Case of Tetanus Successfully Treated," page 139 et seq.; communicated to the District Society of Middlesex Sept. 4, 1816; "Case of Psoas Abscess," pages 155 et seq.

#### RALPH P. LOTT, M. D.

Dr. Lott studied medicine with Dr. Hezekiah Stites of Cranbury; he attended lectures in Philadelphia; attended as a delegate from Middlesex County several meetings of the State; was one of the committee appointed to organize the Middlesex County District Society. He had a large practice and accumulated considerable property. He died September 17, 1845, in the 75th year of his age.

#### JOHN VAN CLEVE, M. D.

Dr. Van Cleve was born at Maidenhead, now Lawrence, Mercer County, 1778; graduated from Princeton in 1797; studied medicine with Drs. Stockton and Maclean; graduated from the College of Physicians and Surgeons, New York City, in 1819, was associated in partnership for several years with Dr. Stockton. He was held in great respect as a man of talent and skill in his profession, so much so that at a meeting of the college trustees held September 27, 1825, the following resolution was adopted: "Resolved, That the president and faculty be empowered to make such a temporary arrangement with Dr. Van Cleve for the introduction of lectures on medicine, or the auxiliary branches of knowledge, as they may think proper, and to make thereon at the next meeting of the board." This was intended to be merely preliminary to the establishment of a medical department in the college, with Dr. Van Cleve as its head. His death the following year put an end to any further action.

Van Cleve joined the society at the time of its reorganization June 23, 1807, and was ever thereafter one of the most active and influential members. He was corresponding secretary 1810-15; president 1815 again in 1818; recording secretary 1820-1824. He was for many years a ruling elder at the Presbyterian Church of Princeton, a trustee of the college and a director in the Theological Seminary. He died December 24, 1826.

We have already called attention to the fact that Somerset County was credited with several prominent New Brunswick physicians on her roll, because Albany street, that city, was the boundary line that divided the counties—notably Drs. Moses Scott, Augustus R. and Augustus F. Taylor and E. F. R. Smith. On the other hand, it is a cause for thankfulness that Middlesex County profits very much from the fact that Princeton was within the bounds of Middlesex County until the County of Mercer was created in 1848. Dr. Van Cleve, of whom we have spoken, resided in Princeton. While the necessity for brevity compels us to omit reference to many of Princeton's able men, we must speak of three: John Beatty, John Maclean and Thomas Wiggins. See August Journal page 429.

We cannot close this part of our subject without calling attention to a few of our prominent deceased physicians who prac-



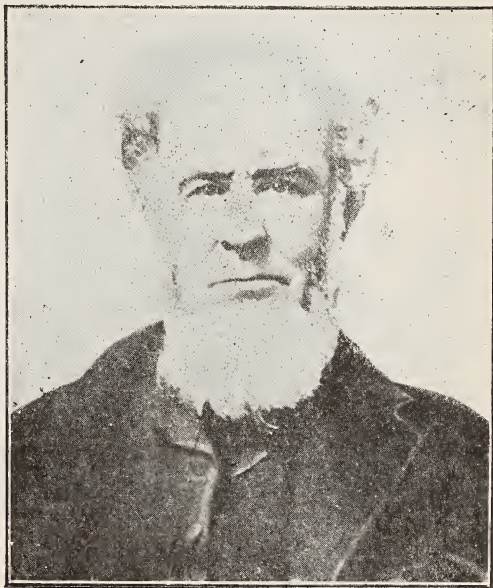
ticed in this county; we briefly refer to the following:

Moses Bloomfield, M. D.—He was born December 4, 1729; was for forty years a practitioner of medicine at Woodbridge, N. J.; he was a man of fine appearance and of more than ordinary ability; was considered one of the best physicians of his day. He became a member of the State Society in 1776 and was active and efficient in its service. He was its secretary in 1767; its president in 1885. He read able papers before the Society, two are published in its transactions. He was a representative in the Provincial Congress and the General Assembly. He was commissioned surgeon U. S. Hospital, Continental Army, May 14, 1777; was an upright magistrate; an elder in the Presbyterian Church. He died August 14, 1791.

John Cochran, M. D., was born in Pennsylvania Sept 1, 1730; had a good education; married a sister of the noted General Schuyler; he completed his medical studies in 1757. As the war of 1758 began between England and France he obtained the appointment of surgeon's mate in the hospital department and continued in that office during the whole war. While on a British vessel a shot from the French fleet entered the place where he was operating and carried away the operating table and his instruments. He quitted the service with the reputation of an able and experienced practitioner. Soon after he settled in New Brunswick, N. J., where he acquired an extensive practice. He was one of the founders of the State Medical Society 1766 and was elected its president in 1868 and again in 1869. He was also the treasurer from 1766 to 1768. He bore a conspicuous part in the Revolutionary war; Congress commissioned him as director general of hospitals of the United States; was attached to General Washington's staff; his pay was \$5 a day. After the war he settled in New York City. Generals Washington and Lafayette addressed him as "Dear Doctor Bones." President Washington appointed him Commissioner of Loans for the State of New York afterwards.

Dr. C. McKnight Smith was born at Haverstraw, N. Y., September 29, 1803, son of Samuel Smith, lawyer and on mother's side grandson of Dr. Charles McKnight a prominent surgeon in the American army during the Revolutionary War. Dr. Smith studied medicine and graduated from the Medical College, N. Y., in 1827; commenced practice in St. Mary County, Mary-

land, and soon after settled in Perth Amboy where until the time of his death he was recognized as the most prominent physician; few underwent more arduous work and exposure than he. President Harrison appointed him Collector of the Port of Perth Amboy in 1842; President Taylor appointed him to the same office in 1848 and President Grant reappointed him in 1869



C. M. KNIGHT SMITH, M. D.

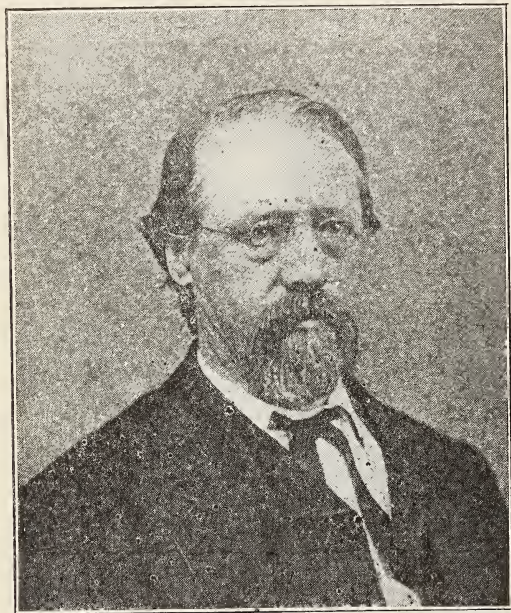
and again in 1873. For many years he was health officer of the city. For 30 years he was a vestryman of St. Peter's Church, of which the first president of our State Society was formerly the rector. He was an exceedingly active and efficient member and officer of our State Society. He died at Perth Amboy February 3, 1874.

Dr. Clifford Morrogh was born in Ireland in 1821; his father, mother and their ten children came to America in 1834. He studied medicine and graduated from the University of the City of New York in 1847; came to New Brunswick with his brother, Dr. Archibald Morrogh, who practiced here a short time and then went to the West Indies and then to New York City where he died.

Dr. C. Morrogh was called the Irish doctor; he met with some opposition at first, but his skill as a surgeon soon gave him a commanding position and his progress was rapid; his reputation extended far beyond the city and even the State; he was the first to use chloroform in that section of the State, in amputating a leg from each of two colored people at request of Dr. A. F.



Taylor, township physician; soon after he operated on a lad for stone in the bladder, the first time it had been done in the city; subsequently he performed that operation thirty-two times. An operation that won him great praise was for carious bone of



CLIFFORD T. MORROGH, M. D.

ankle joint, the first time it was performed in this country, with modifications in operating original with him. With all his great skill he was exceedingly modest, rarely consenting to prepare papers, though two or three are published in the State Society's transactions. He excelled in diagnosis; was a man of mechanical genius, if he had not a splint at hand he made one and he devised three or four surgical instruments. He also drew the designs for a sailing yacht that took two prizes. He responded to calls for service after several of the great battles of the Civil war. He was a director of the State bank; director of the N. B. Savings Institution twenty-nine years, and its vice-president a few years. His financial ability was shown in his success to St. Peter's R. C. Church of which he was treasurer; he issued bonds to the amount of \$60,000 for it which he placed, and when he went to Europe in 1868 but a few thousand dollars were outstanding; he was largely instrumental in securing chimes costing \$4,000 for the church. He was the leading surgeon of the State and his many excellent qualities of mind and heart won for him great respect. He died March 13, 1882.

See the June and July Journals for brief

sketches of Drs. John Johnstone, Henry Drake, Jonathan Odell, Alex. Ross, Edgar Carroll, E. F. R. Smith, E. M. Hunt, J. T. B. Skillman, J. G. Wall, D. C. English, Sr., H. R. Baldwin, H. M. Stone, C. H. Voorhees, Melanethon Freeman, J. C. Thompson, Stephen Disbrow and Ambrose Treganowan.

Many others are worthy of special mention whom, as we write, memory recalls; among them—Drs. Solomon Andrews, Josiah B. Andrews, S. St. John Smith, Samuel Abernethy, L. A. Hall, E. B. Freeman, John A. Pool, A. D. Newell, Charles Dunham, Jr., George W. Stout, H. C. Symmes, David Stephens (for many years our secretary), George J. Janeway, T. L. Janeway, S. V. D. Clark, J. J. DeMotte, A. V. N. Baldwin, S. P. Harned; Drs. Decker, Martin, Andrus, McKenzie and Dana of Metuchen and Drs. Lefferts and Brumagin of East Brunswick. And we are not unmindful of others who deserve equal praise—the unnamed country practitioners who in season and out of season stood faithfully and heroically at their posts of duty.

We have not thought it necessary to refer to the members of our Society who are now upholding so faithfully the profession's honor and dignity, and meeting the ever-increasing demands upon it by the rapid advance in medical science and in the art that is intelligently and successfully applying it in the relief of suffering humanity, not only, but in that greater, grander field of activity and achievement—the Prevention of Disease which means *now* the lessening of the physician's financial gain and *ultimately* tends toward the sacrifice of the profession itself in its altruistic service to humanity.

It would be interesting if time permitted to refer to the wonderful record of many physicians of our county and State during the whole period of these societies' existence, in the service of city, State, nation and the church, very often while they were engaged in the practice of medicine. A number of them were clergymen—three in this county; their salaries were very small and the record states that they practiced medicine to support themselves and their families and they were all able physicians. A large number were elders or wardens in churches. A very large number were engaged in their country's service during the Revolutionary war and in other national conflicts—they were members of the Provincial and Continental Congresses, in hospitals, etc. Many were members of Congress, several as U.



S. Senators; many in both Houses of the Legislature; governors; judges of courts—some serving twenty to thirty years (Dr. C. G. Garrison has been and is now a judge of the N. J. Supreme Court). Some were surrogates, sheriffs, county clerks; collectors of the Port of Perth Amboy.

A very large number have served as mayors of cities. New Brunswick had five mayors who were doctors of ability with good practice, and who served as well as any mayors the city has had, in all for about one-fifth the period of the one hundred years of our Society's existence—Drs. A. R. Taylor, E. F. R. Smith, A. F. Taylor, G. J. Janeway and Nich. Williamson.

We refer also to the profession's great work in the hospitals of Middlesex County, three of them comparing favorably with the leading hospitals of the large cities of our State.

The City Hospital of Perth Amboy—Dr. John G. Wilson, dean of the medical staff; The Middlesex Hospital—formerly the John Wells Memorial Hospital, New Brunswick. Dr. A. L. Smith, president of the medical staff, and St. Peter's General Hospital, New Brunswick, Dr. Frank M. Donohue, president of the medical staff. These have been for several years doing splendid work; they have been enlarged from time to time and they are contemplating greatly enlarged and more thoroughly equipped buildings in the near future to meet the constantly increasing demands.

We are glad to announce that the Middlesex County Medical Society is in far better condition to-day to meet the increasing demand upon it than it has ever been before. With sixty-three members enrolled—ten more than it has ever had in the past; with the new interest that has been manifested during the past year, that had changed from the hitherto quarterly meetings to the monthly meeting at which carefully prepared and practical papers and the reporting and presentation of clinical cases with discussions thereon, there has been awakened a new spirit and an increasing desire for the increase of scientific knowledge and the more practical application of it, which means better physicians and better service to their patients.

The past one hundred years have been years of marvelous progress. We look forward to-night to a century that we believe is destined to be far more glorious in its revelations concerning the problems that still perplex us and baffle our skill. That great Trinity of diseases—tuberculosis, syphilis

and cancer still awaits the discovery of their etiological factors, and, therefore, their cure, or better, their prevention. The immense amount of research work that is now being done by eminent self-denying and self-sacrificing experts will doubtless be crowned with success; so that, with prophetic visions, we may catch the inspiration that springs from a confident faith and be assured that these discoveries will be among the greatest victories of the coming century.

May the members of the Middlesex County Medical Society be true to themselves, to their society and to the profession so that they may be sharers in the glory that shall come to our profession, because it has been true to our high calling of God as His chosen instruments for the blessing of humanity.

Dr. Donohue: I have great pleasure in introducing next Dr. Arthur L. Smith, of this city, whom you will all be glad to hear on

#### A HUNDRED YEARS OF MEDICINE.



ARTHUR L. SMITH, M. D.

This period naturally divides itself into two portions before and after 1880.

In 1829 Dr. T. Romeyn Beck graduate of Rutgers College, then president of the N. Y. Medical Society delivered an address to that body on medical progress, in which he showed great improvement in the profession as follows: (1) the distrust which is obtaining against general theory; (2) ad-

vancement in pathological research; (3) a most remarkable improvement in the composition and administration of remedies. There seems to have been need of improvement along all these lines. In the first point I found he was decrying against the custom which had prevailed since the time of Hyppocrates, of accepting without question the statements and conclusions of a few master minds of medicine. Hippocrates, 400 B. C., was undisputed authority until the time of Galen, 130 A. D. The writings of Galen were used as text books for about 1,500 years. Think of that! When today, a book that is one year old is behind the time and five years old it is antiquated. Blind acceptance of theories advanced by some successful practitioner, stifled competition in research and not many men left a mark which has endured. Harvey discovered the circulation of the blood in 1628. Jenner vaccination in 1796; both discoveries of the greatest importance. The pathology of disease was being studied industriously in France and England, but in this country for obvious reasons not much had been done. As a result of obscure pathology, the classification of diseases was not in accordance with present-day knowledge—for instance, all forms of sore throat, and all diseases in which sore throat is a prominent symptom as tonsillitis, quinsy, pharyngitis, laryngitis, diphtheria, scarlet fever and mumps were included under one general head of which each one was considered a variety.

All forms of convulsions are listed under epilepsy.

The death of Washington was considered to have been caused by laryngitis, which now is thought to have been quinsy. Pneumonia is spoken of as a disease of recent introduction to this part of the country. Simple inflammatory fever, which either recovered or was fatal in 5 to 7 days, seems to me like the pneumonia of to-day.

As experience grew and facts accumulated, the diseases were separated and identified until in the '60's we find the classification practically as it is to-day. As to the remarkable improvement in the composition and administration of remedies which was noted by Dr. Beck there surely was need. I find some wonderful prescriptions, among which is one of gentian root, myrrh and common glass, which was used with great success in dropsies and hysteria, by Dr. Jared Elliott, of Connecticut.

This prescription was submitted to our State Society for endorsement. The doc-

tor submitting it seemed not very keen about giving the glass but, administered frequently, not very fine, he never knew any bad results, except when given in too large doses. The way of ascertaining if a sufficient dose was given, was from its immediate effect on the stomach, in which if a sufficient dose were taken, would instantly be felt a very pungent pain and an universal shock. This would immediately be felt throughout the whole system—particularly extending into the extremities.

If these symptoms did not follow the dose should be increased until they were produced. The society judged it not prudent to recommend the prescription without more proof of its success.

For goiter I find this prescription, given in a book published in 1831: Ten grains each of burnt sponge, burnt cork and pumice stone mixed with syrup to form a lozenge which is allowed to dissolve on the tongue. This seems like a most unreasonable dose. But think a minute. We use iodine to-day in some form for goiter. Iodine is present in the sponge and even then they referred to the iodine as a possible explanation of the beneficial results of this prescription, but were not yet ready to use iodine itself, which had been discovered in 1811. An original prescription for seasickness seems to have been given by Dr. Miller, of New York, when he advised those about to take a voyage, to practise whirling around rapidly in order to be accustomed to the motion of the vessel. In another instance tin filings with quicksilver was given for worms. In one or two cases noted, the result was unfortunate.

However the materia medica of those early days was not all of this character, the lancet, calomel, bark and opium were their mainstays. About 1820 one author writes that quinine is found to be the active principal of bark and may now be obtained in many drug stores.

Practically any one with an acute disease had to be bled, and bled freely. In 1831 Dr. Cross, of Kentucky, said, "In many diseases as well might we expect to avert the desolating progress of an impetuous avalanche by the interposition of a straw as attempt their eradication without the lancet." Dr. Cook, a member of the family of the present Dr. Cook, who is the senior of us all in this part of the State, and whom we are all delighted to have with us to-night, remarked that if "a man was not sick enough for calomel and opium he was only sick enough for fasting and rest."



Strange as many of the methods of this early period seem to us now, I wish to pay tribute to the men who worked so faithfully with the poor equipment they had at hand. They were constantly looking for better things. Writing on tetanus, Gregory, 1831, says: "Though the most extended trials have been made, experiment has hitherto completely failed in unfolding the secret of its cure. We have no reason, however, to consider tetanus as beyond the reach of medical art; it is our duty therefore to persevere in our efforts, and till a brighter epoch arrives, to employ diligently those means of relief which have hitherto been attended with the greatest degree of success." They were struggling, with no Crocker Institute, no Rockefeller Institute or Squibbs laboratory to make a final diagnosis and prepare a proper serum or vaccine. They travelled on horseback; we ride in automobiles. Such was the condition of the medical profession with slow but constant improvement in methods and measures until 1880 when Pasteur, who had been observing Lister's work along surgical lines, conceived the idea that cow-pox is modified small-pox. At that moment came the dawn of a new era for medical men, and work has progressed so rapidly since that the eternal vigilance alone will keep a practitioner in the ranks at all. It had been known for ages that one attack of one of the infectious diseases protects the individual from a subsequent attack. In 1880 Pasteur first isolated the causative agents of an infection, found a means of making it so weak that when innoculated it set up a transient illness, after which the animal was found protected against the natural infection. Pasteur did this with chicken cholera and the whole development of modern work started from the study of that disease by a professor of chemistry. Anthrax and rabies were next attacked. His experiment with anthrax was most dramatic. He injected half a flock of sheep with an attenuated anthrax culture, and then two weeks later injected all of them with a virulent culture. All of the sheep not previously injected died while not even one of the others was dangerously sick.

Immunity consists in the development of the capacity to neutralize in the system the products of bacterial activity which are known as toxines. Each individual recovering from an infectious disease does so because his system has developed or been supplied with a sufficient amount of anti-toxin to overcome the toxines of the disease.

The brighter times awaited by Gregory in 1831, arrived in 1890, when Behring and Kittasato found that the blood serum of immunized animals injected into other animals not only immunized them against tetanus and diphtheria but cured them of the actual infection, thus these two diseases have lost much of their terrors when the serum is used promptly. Not infrequently diphtheria patients seen early get well so quickly that the parents rather question the diagnosis. The list of diseases in which serum therapy is useful is too long to more than mention some of the most important. Such as diphtheria, tetanus, cerebro-spinal meningitis, streptococcic and staphylococcic infections and pneumonia. Another method of making our bacterial enemies serve to protect us is as vaccines which are prepared in many laboratories and are specially useful in acne, boils, cases of acute catarrhal affection such as grippe, and most important of all in typhoid fever which is almost completely prevented in our army by vaccination. I firmly believe that most of the typhoid throughout the country can be prevented by the use of vaccine. This requires education, not only of the physicians, but also of the people. It takes time for knowledge of this kind to filter down from the laboratory to the physician and thus to the laity who look to him for advice.

Yellow fever is practically a thing of the past, thanks to the heroism of a few physicians, which was just as great as any displayed on the battlefields of Europe.

Hook-worm is being eradicated and the industrial capacity of its victims thereby greatly enhanced.

In other lines than bacteriological, there have also been great advances. Modern pharmacy has added much to the comfort of the patient, to whom it must be a great relief not to have to swallow half a teaspoonful of burnt sponge and cork with some pumice stone added—possibly to make it go down—in order to get a little iodine. A small tablet or santoline is surely more palatable than tin filings and quicksilver, or even than two pounds of salt dissolved in two quarts of spring water taken in the morning, even though the ultimate effect of all these may be the same.

Our hospitals equipped with X-ray machines and laboratories for diagnostic work, together with the skilled nursing, are large factors in the success of modern medicine.

Success has not always crowned our efforts in these matters, and there are many more problems to solve, but we trust that

the army of trained men who are spending their lives at this work will discover something which will add new laurels to the profession, health and happiness.

Dr. Donohue: We are very glad to have with us to-night Dr. G. K. Dickinson, of Jersey City, and he will address us on—

#### ONE HUNDRED YEARS OF SURGERY.

Like the sipping of old wine with a companion of early life is the study of the history of medicine and medical men and of the times in which they lived. Those who do not attempt this pleasure, who live in the present, whose minds absorb only such thoughts and emotions as are brought to them by present-day friends miss a rare



GORDON K. DICKINSON, M. D.

treat of exhilaration and stimulating mental food which comes from the joy of living with those who once lived, feeling the impress of their times and their troubles, and the absence from their lives of many things now common and considered necessities.

If the physician or surgeon of to-day were impelled backward a hundred years or more we doubt if he would be able to orient himself, or obtain an accommodation which would make life and practice half way possible. In order that our conceit may be taken from us, in order that we may know that wonderful brains, great intellects, keen observation and large foresight have always existed, a little trip back will be most pleasant, and, we hope, instructive.

Our ancient brethren certainly had as many convolutions in their brains and as much gray matter as we possess to-day. They were certainly actuated by the same emotions, by the same intellectual perception and by the same ambitions. There was as much distinction between individuals then as now exists. There were bright minds, industrious men and men of profound thought, as well as those who were slow, indifferent and commercial. Some of them practiced medicine because of high religious motives; others practised and studied it because of extreme interest and the pleasure derived from that study; others, as to-day, took it up because of the gullibility of the public and the ever-present need of care and attention leading to a substantial income.

Man's brain has always been two-sided, and always will be. Like the image in the Bible, the upper part of the body being precious, the feet are of clay. We aspire; we progress slowly. As Foster says, "on the one hand we see the patient, careful observer, the child of the new philosophy, one who has entered fully into the spirit of the new physics, who watches, measures and weighs, who takes advantage of the aid of instruments of exact research, who reaches a conclusion by means of active quantitative estimations, while on the other hand, we see the mystic and speculative dreamer and philosopher of the old school, weaving a fantastic scheme of the powers of forces ruling the universe."

Conditions in the early times developed religion and the religious side of the mind before anything else was attempted. The whole world, such as it was, was stirred by the beliefs of the day. Religion was paramount. The advent of Christ and the promulgation of Christianity held the attention of the philosophers and the high-minded. All professions, even medicine, were influenced by it. So great was the impress, that diseases were explained on the line of religious belief and this explanation was deemed sufficient. And why not, when nothing better was known?

As religion developed dogmas, so medicine developed its dogma. Galen, who gave us our medical bible shortly after Christianity was developed, became the bible of the physician. But, as we read history not with an eye to truth but more with our prejudices, so was Galen read, and each age saw in him and in his writings the dogmas and beliefs held by them. As each age



progressed in knowledge and individual endeavor, new facts were demonstrated, new ideas and new philosophies started, and the writings of Galen allowed of greater elaboration. And this held sway until nearly a hundred years ago.

The effect was to develop the empirical state of mind, a condition in which the observation of the individual became paramount. Medicine having no true foundation, being built entirely upon metaphysical philosophy, the experience of the individual as seen and judged by himself was deemed sufficient and accurate. Each man with a keen mind, marked intuition, would establish a new school, a new thought, and then would come attack and counter-attack. If the trend of the day was in accord, then the school established would have an influence for ages.

During this long period there was little or no surgery. Operations were few and the results obtained uncertain, often attended with grave dangers. Though we look back and call those who operated surgeons, yet in those days the work was left largely to the barbers and the art of surgery possessed little of dignity, so much so that those who practised it were as lightly considered as the barber of to-day or the apothecary physician. It was not until 1745 that there came a cleavage between the surgeons and the barbers.

In the early part of the 18th century schools for the special training of surgeons in the army began to be established in Germany. Such an institution was founded in Hamburg in 1716 and in 1781 one was opened in Vienna with a two year course. It is interesting to quote the words of the Emperor who established this college: "It is my design that not merely the outside of the various sciences dealt with should be taught to the surgeons who are to be trained here and they should be sent forth hence with nothing but a knowledge of technical terms with very hurried and shallow training, but I desire rather that they should get a firm hold of their subjects and thus perfected, return to their regiments."

This proclamation was welcomed by the medical profession as being the first step towards the divorcing of the surgical art from the low-grade barber and the bringing together and amalgamation of medicine and surgery. For although medical education in those days had a low position, surgery held even a lower one.

Thus we find things at the beginning of

the last century: Few schools abroad, education dogmatic, practice empirical, much that was irregular, a stray beam of light here and there penetrating, but imperfectly, the mental fog. Practitioners advancing year by year, gave every evidence of the growing intolerance of the fetters of superstition, religious influence and philosophical dogmatisms, and a greater tendency to broaden experience, to link the observations of one with the observations of another, and, above all, to make a deeper study into the symptoms of their patients and to convert the art of medicine into a scientific knowledge, the better to practise their art.

McMasters in his "History of the People of the United States," quaintly describes the educational conditions of the times. He says, "there was a smattering of mathematics; little of logic and rhetoric; metaphysics enough to talk learnedly about a subject of which he knew nothing. Students lodged in dormitories and ate at the common. Food partaken of with thankfulness would now be looked upon as prison fare. Rude as was the school system in New England it was much better than could be found in any other section of the country. . . . Not less important than the schoolmaster in the eyes of the townspeople was the doctor. With the exception of the minister and the judge he was the most important personage. His professional education would now be thought insufficient to permit him to practise. There were but two medical schools in the country. By reason of expense and dangers of traveling, they were not well attended. The medical education of the doctor was such as he could pick up while serving an apprenticeship with some practising physician in Boston or New York, during which time he combined the duties of a student and servant. He ground the powders, mixed the pills, rode around with the doctor on his calls, held the basins when patients were bled, helped to place blisters, sewed wounds, distributed medicine from one end of town to the other, and in odd moments would sweep out the office and clean the bottles. He wired the skeletons, etc. He attended the night bell, and, when a feast was given, stood in the hall to announce the guests. It was a day of rare good fortune when he could examine the heart or lungs, or a half putrid arm. It was only by flinching from graveyards and begging for dead criminals that subjects could be obtained. Under

such circumstances, the doctor's knowledge was developed from personal experience rather than from books, and the amount bore a direct relation to the sharpness of his powers of observation and strength of his memory. Gifted with a keen observation, a logical mind, and a retentive memory, such a system of education was of the utmost value. For in medicine, as in mechanics, engineering and in every science where experience and practical skill are of the highest importance, a practical education is most essential. The surgeon who has studied anatomy from a book without ever having dissected a human body, the physician who learns the name and symptoms of a disease from a work on pathology, and the remedies from the *materia medica*, without ever having seen the maladies in active operation and the remedies actually applied, is in a fair way to kill far more patients than he will ever cure. But the value of knowledge obtainable from books alone is on that account not the less useful, and by no means to be despised. The student who has read much in his profession is in possession of the results of many centuries of experience derived from the labors of many thousands of men. He is saved from innumerable blunders. He is enabled to begin his career with a knowledge of things, which, if left to his own experience to find out, would cost him years of patient waiting and careful observation. The advantages of such a system of study, were, however, but sparingly enjoyed by the medical students of the last century, when but few physicians boasted a medical library of fifty volumes . . . The apprenticeship ended, the half-educated lad returned to his native town to assume the practice of his father and to follow in his footsteps. When he rode out he knew the names and personal history of the occupants of every house he passed. Sunshine and rain, daylight and darkness were alike to him. He would ride ten miles on the darkest night, over the worst roads, in a pelting storm, to administer a dose of calomel to an old woman or to attend a child in a fit. He was present at every birth; he attended every burial; he sat with the minister at every death-bed, and put his name with the lawyer to every will. The physician, was, therefore, compelled to combine the duties of both doctor and apothecary. He pounded his own drugs, made his own tinctures, prepared his own infusions, put up his own prescriptions. His

saddle-bag was the only drug store within forty miles. Each spring the blood must be purified, the bowels must be purged, the kidneys must be excited, the bile must be moved, and large doses of senna and manna and loathsome concoctions of rhubarb and molasses were taken daily."

In those days, before ether and asepsis, operations were infrequent. There was really little to surgery. John Abernethy's "Lectures on Surgery" is an octavo of about two hundred pages. There were no exclusive surgeons, because there was so little to be done. Where we often perform six or more operations a day, in those times some men would not see as many in several months. Experience came slowly. It was clouded with mishap and complication, so that those who would attempt the surgical art were compelled to dissect whenever possible, obtaining their bodies either from the murderers who were hanged or from the graveyard.

But we must recollect that the doctor then did not have the many conveniences of to-day. There was no water in our houses. Communities were small, even New York City was but little better than a village. Intercommunication, so essential for the broadening of the mind (demonstrated even in the time of the Crusades by the advancement of civilization as the result of experiences and tales brought back to the northern countries, and noted by the influence of the old-time traveler who would disappear for years, going from country to country, coming back to his native place to tell of things just as wonderful elsewhere), was impossible to any great extent. At the beginning of the 19th century it was days instead of hours between New York and Philadelphia. Boston and the southern States could not visit. Things were growing up individualistic instead of communal.

It was not until 1828 that the first railway was built in America. Between 1840 and 1850 roads began to spread over the country. In 1819 we had the first steamship across the Atlantic. Before this time the centre of learning was in Europe, but, with the advance of railways and steamships and quicker communication, intellectual centres soon developed in the United States. Books were printed here. An American writer was enabled to have his product published at home and more directly influenced home conditions. Newspapers were few and small, very poorly edited, and more swerved by politics and



local conditions than to-day. The States were not united. There were conditions of turmoil, and the medical profession had not yet found its own.

Our ranks were made up either from those who loved to study and practise, or from those who had failed in every other line, for, it is a sad statement but nevertheless held true even up to 1880, that the father of a boy who had failed at business started him at theology. If the lad failed at this, he was started at law, and in event of his failing at this, he was placed in a medical school, for no one was known to fail there. We had, as a result, defectives, incompetents, and those who were inclined to quackery, as well as good minds and honest workers.

The unenviable position of medicine in the community, its light influence in politics and social life, was largely, if not entirely, due to the slack way in which the ranks were filled. The physician's education was simply that of working under some practising physician and surgeon for a certain length of time, during which he would read a few books and perhaps be quizzed about them, and perhaps not. He would do the drudgery of the office work and, in time, receive the title of "doctor."

In spite of these handicaps, circumstance developed the ready hand and excellent judgment of those courageously minded. As a singular evidence, Bard of New Jersey, in 1759, just fifty years before McDowell's celebrated ovariectomy, operated three times for extra-uterine pregnancy.

The need of a medical school was keenly felt. Those that were organized were proprietary in character. Lectures were given from morning to night, didactic and often personal in nature. The expenses of the school were dependent solely upon the fees of the student, and, consequently, they were compelled to lean more towards the money than towards the teaching of medicine. Even up to the '80's a young man, without having been tested as to qualifications of character, could take six months in one of our cities in the winter and a summer course in some other school, and at the end of that time receive a signed diploma. What a scandal this was! No opportunity was offered for practical instruction. Obstetrics was taught, but a delivery never seen. Surgery was taught, but with no individual demonstration. Medicine and therapeutics also, and yet the doctor was not allowed to see a case before graduating! When he left

the college he was so obsessed with the immense value of drugs that it amounted to a personal faith.

In 1752 Dr. William Hunter, of Newport, Rhode Island, conducted a school. Ten years later, Dr. William Shippen, of Philadelphia, held annual medical lectures, illustrated by sections of the human body, these being continued until the establishment of the Medical College of Philadelphia in 1765, the first medical college in the country. The prices of a ticket for a single course was twenty dollars, an additional matriculation fee of twenty shillings being charged. Upon graduation, each student was compelled to pay a fee of not less than one guinea to each professor.

According to Wickes in his "History of Medicine in New Jersey and of Its Medical Men," "Dr. Nicholas Romaine, a distinguished physician and instructor in New York, presented a memorial to the Regents of the university on January 11, 1791, representing that he had established a medical school in the City of New York, and prayed that the Regents take it under their protection. The prayer was favorably received, but the project was opposed by the trustees of Columbia College, who were engaged in re-establishing a medical department in their institution. The petitioners were therefore unsuccessful. They thereupon applied to Queen's College in New Jersey. (Rutgers) and in 1792 received the necessary authority under their charter for the completion of their organization. Their connection with Queen's College was continued with varying success in the process of medical instruction from 1792 to 1816, when the opponents of the school obtained an act from the Legislature of the State of New York, 'declaring all degrees conferred by any college out of the State on students studying within the State, null and void, as licenses to practise medicine.'"

Slowly and gradually, yet with insistent certainty, scientific medicine was developing a foundation and in the laboratories attached to the hospitals or instituted separately, we had the practical beginning of the great dawn in medicine and surgery. Hardly more than half a century ago they were established in Germany and about twenty years ago in America. To Mr. Carnegie is due the credit of establishing the first bacteriological laboratory in the country, the home of brilliant and beneficent results.

Another powerful influence, without which the practise of medicine could never

have advanced very far, is animal experimentation. One of the metaphysical curiosities of life is that he who advances makes enemies. He who dares by intellectual ability or marked industry to soar beyond his neighbor excites envy. Equally certain it is that he who works for the public weal, whose life is for others rather than for himself, is attacked. Animal experimentation, which has saved more lives, allowed more epidemics to escape, and permitted more comfort than any one thing leading up to medical education, has been attacked, abused and villified almost in proportion. The great men in our profession from the time of Galen have made use of the lower animals to satisfy their desire for scientific investigation, but animal experimentation systematically performed with scientific qualifications, and proper viewpoint began in the United States with the elder Gross and later was ably exploited by Parks, Bull and Senn.

Further, to the credit of the United States, and more particularly to the State of New Jersey, it is with great pleasure we can announce that the Medical Society of the State of New Jersey is the oldest medical society still existing. Quoting from Packard's "History of Medicine in the United States," "considerable number of the Practitioners of Physic and Surgery in East New Jersey, having agreed to form a society for their mutual improvement, the advancement of the profession and promotion of public good, and desirous of extending as much as possible the usefulness of their scheme, and of cultivating the utmost harmony and friendship with their brethren, hereby request and invite every gentleman of the profession in the province, that may approve of their design, to attend their first meeting which will be held at Mr. Duff's, in the city of New Brunswick, on Wednesday, the twenty-third of July, 1766, at which time and place the constitution and regulations of the society are to be settled and subscribed." On that day, sixteen physicians met, drew up and adopted the constitution of the society, which is, after a preamble of sentiment as to enlargement of knowledge and experience and expression of desire as to friendly correspondence and communication of sentiment, also the necessity of establishing regulations to maintain the dignity of the profession and security of the public from imposters, etc., followed by a series of resolutions, largely ethical, really an elabora-

tion of the Hippocratic Oath. This society met regularly until 1775, when it was discontinued on account of the war, but resumed again in 1781.

Looking back from the viewpoint of to-day one cannot but feel that the establishment of the Medical Society of New Jersey and of the Component Society of Middlesex County, mark the beginning of the movement toward enlightenment. The man whom you do not meet and are not acquainted with, and who is a professional opponent, seems a danger. He is looked upon as incompetent and irregular. Fickle people, passing from one doctor to another, carry false tales of what he has said, of the shrug of his shoulders, and of his methods of treatment. Too much ill will and unkind feeling have existed between members of the profession simply because they did not know each other. No greater food, no grander thought was ever conceived than that of establishing this society. It can be seen by reading the article of incorporation that the members felt the necessity of not only studying medicine among themselves and presenting their professional difficulties to each other, but of inducing greater harmony. Nowadays the lion and the lamb lie down together. The young man is not afraid of his master. Courtesy, kindness, and a spirit of helpfulness have pervaded the profession because instead of there being one State and a county society, one or more clubs exist in every community. It is a rare man to-day who has only the impetus of his college and goes through life on a gradually descending curve, dropping lower and lower because he fails to meet his confreres, or fails to keep up with the present demands and conditions as best exploited in our societies and associations.

And, as medicine is ever changing (we call it progressing), the physician who practises honestly and the physician who is getting the most joy out of his profession is the one who belongs to numerous associations, attends their meetings with regularity, and in these meetings gives as well as receives.

The practice of medicine and surgery tends to produce an encapsulation of the practitioner. He meets only those who care to meet him. He attends only those who believe in him, and his practice is largely confined to those who idealize him. Occasionally he will have a touch from the outside which will disturb because it is not in harmony with the little, narrow, happy



life he has been living. And from no one source does this come with more lasting effect than from the Legislature.

The first effort on the part of Legislature to control and to regulate the practice of medicine occurred Sept. 26, 1772, when the Legislature of New Jersey passed an act to regulate the practice of physic and surgery within the colony of New Jersey. In it is noted, "Whereas many ignorant and unskillful persons in physic and surgery, to gain a subsistence, do take upon themselves to administer physic and practise surgery, in the colony of New Jersey, to the endangering of the limbs and lives of their patients; and many of His Majesty's Subjects who have been persuaded to become their patients have been suffering thereby; for the prevention of such abuses for the future, be it enacted that from and after the publication of this act, no person whatsoever shall practise as a physician and surgeon within the colony of New Jersey, before he shall have first been examined in physic and surgery, approved of, and admitted by two of the judges of the Supreme Court, for the time being, taking to their assistance for such examination such proper person or persons as they in their discretion shall think fit, for which service the said judges of the Supreme Court, as aforesaid, shall be entitled to a fee of twenty shillings, to be paid by the person applying."

From that time to the present, so far as we know, legislatures have not materially influenced us. But to-day we have a law grasping us with a tightening grip. Whether it be for good or for harm time only will tell, but it does seem as if there might be considerable benefit derived therefrom.

Colleges have gradually felt the demand of the public and changed from commercial didactic schools to endowed scientific institutions. Hospitals, though very largely still under the control of the laity, who know as little of medicine as a doctor knows of finance, are beginning to feel the necessity for altered management. The extension of the pupil's term in the medical school from the two-year course of the early '80's to the five-year course of the present time, means superlative education and training before receiving a diploma. It means an intern, not as an orderly or a hospital clerk, but as a college pupil under the control of the dean and faculty of the college, as well as that of the hospital. And it is the Legislature that is bringing this

about. Who knows what the Legislature will do next?

The dawn comes before the sunrise, and light comes slowly. An all-wise Providence has given to us that which we should have as we have it, and the gradual development of surgery from an art to a science has been brought about largely by discoveries in a sequence which is remarkably providential.

With all the education in colleges and societies, the science of surgery would never have developed but for four discoveries:

1. Commonplace as it may be, simple soap is the first great necessity for successful surgery. Chevreul in 1813 published the results of his researches on soap. Up until that time soap had been little used and imperfectly understood. Even after Chevreul's publication, which was in French, many years elapsed before the people and the manufacturers accorded it its proper place. The writer can remember when amputations were done without any effort to wash or treat the parts. It is within the recollection of many of us when there were but few soaps made and the manufactories small. Now it is known from the researches of Chevreul and Rodet that soap not only cleanses but has a marked and persistent bactericidal effect.

2. In 1842, Crawford W. Long, of Georgia, used ether for anesthesia in operations. He was not a man who was impelled to write, medical magazines were few, and, as communication between the different centres was slow, his work was not announced. He failed to give his wonderful discovery to the profession and did not receive the renown which was his due. So, it was to W. T. G. Morton, of Boston, that the credit of administering ether successfully was given. He gave it in the Massachusetts General Hospital in 1846. Morton was a dentist and desired to make dentistry painless. At the suggestion of his senior, C. T. Jackson, he experimented with ether, which until that time had been a chemical toy. Finding that his work was hampered, he studied medicine in order to better work out the full value of the anesthetic. To him is due all honor.

3. Now comes another wonderful step in advance. Lister in 1866 gave to the public the results of his experiments in antiseptics. His mind, appreciating the value of carbolic acid as a disinfectant, was led to feel that through its application something might be done to prevent the infections so common in hospital wards, and let it be re-

membered that the death rate from major amputations in the Billroth Clinic before that time was 54%. After the introduction of Lister's method it fell to 3%.

The technique of operations seems criminal and careless when we recollect that instruments were taken out of an ordinary case and placed on the table, oftentimes close to students who were allowed to handle them indiscriminately. Ligatures of silk were cut and hung on the buttons of the assistants' vests, so as to be ready. The hands of the surgeon and of his assistants went in and out of their pockets and fumbled with the keys and coins therein. The operators would shake hands with their friends and touched everything. The wounds of the patients received no special preparation. Instruments, even a knife, might be dropped on the floor, picked up and continued in use.

Lister changed all this. His method was extremely ritualistic. Influenced by Tyndall's researches on the dust in the air, he strove to protect the patients and the wound, fearing conditions in the room as well as on the patients and articles used. We are all familiar with the story: The spraying of the room with carbolic steam for hours before the operation, the operator immersing his hand in 1-20 carbolic oil, irrigating and spraying with 1-40; impervious dressings of just so many folds of a prepared gauze, with a lead-impregnated tissue between the inner ones, and the drainage and irrigations that followed; but the result was wonderful. Hospital gangrene, inflammations, etc., subsided, and the death rate was greatly reduced. Then came the usual criticism on the part of those who were envious or led by their own reasons to disbelieve. If any one wants to enjoy a spirited controversy, let him read Gamgee and Cheyne.

4. But the establishment of surgery as a science was not attained until the researches of Koch were announced in 1876 and 1878. The gradual change from the art to the science of surgery, beginning with cleanliness, soap; painlessness, ether; safety, antisepsis; came the ability to properly differentiate disease conditions and to thoroughly establish the cause. On Koch's discoveries was established the new science of bacteriology. Here we have scientific surgery practically complete in its foundation, so that instead of there being some twenty operations, we now have many score not to be counted, because with increased experience and better knowledge, surgery is extending far beyond the limits one ever

dreamed possible. Diseases once common are now historical. Conditions, once a danger to the patient and disturbers of the mental equilibrium of the operator, are now never met. And, above all, not only is surgery safe, but it is comfortable. Convalescence is short and the public mind has lost its fear.

As we look back over the past, does it not seem as if we were the chosen people? That this was the country selected for the greatest advances in surgery? The country of many types of people, the country of many minds, and the country of varied climates and resources? Here we had the first steamship. We developed the railways. We discovered gasoline. The telegraph and the telephone are ours. Electricity also. We are the ones who put water and bathrooms in our homes, and encouraged body cleanliness, for, as Tait says, "he only is a surgeon who is clean by nature." Here it was that anesthesia was discovered, its usefulness and dangers worked out, and proper methods of administration exploited. It was with us that animal experimentation became an important study. Large laboratories and bacteriological, physiological and experimental surgery established. Other countries have many points of excellence and to them we must go for inspiration, certain knowledge and mental development, but in the United States is being done the best scientific surgery and the best men for the future are developed.

Surgery, being an evolution from an art to a science, there can be no doubt but that the future holds many changes for us. Let us hope that they will always be for good, that the art of surgery will keep pace with the scientific knowledge of the day and that there will always be a proper correlation.

Only one fear have we, that is, with the increase of the instruments of precision and the accurate determinations of the laboratory, and the fact that it is far more comfortable to seek their aid than to sit down and meditate, the profession instead of studying symptoms and the keystone of all medicine and surgery, which is physiology, will resort to the laboratories and build their diagnoses upon them rather than upon proper observation and prolonged deep, thoughtful study. Let us hope that the picture so often seen in our offices of the doctor bending in profound thought by the bedside of a sick child may not be a picture of the past.

Dr. Donohue subsequently introduced Rev. Dr. J. H. Raven and Senator W. E.



Florance, the former representing the clerical and educational professions and the latter the legal profession; also Dr. H. A. Cotton of the State Hospital and Dr. T. N. Gray, secretary of the State Society. All of them made practical and eloquent addresses.

## Middlesex County Centennial

At the 150th Anniversary Meeting of the State Society, Asbury Park, June 22, 1916.

Dr. Chandler, president of the State Society, presided in the absence of Dr. Donohue. He introduced Dr. David C. English, of New Brunswick, as the historian of the Middlesex County Medical Society.

Dr. English said that on account of the lateness of the hour and the fact that much of what he had prepared for this occasion to say is embraced in the address he made at New Brunswick when the county society celebrated its centennial there, and which would appear in the Journal, he would omit the presentation of most of that part this morning. He regretted that the president of his county society had been unavoidably detained and therefore could not preside this morning. It seemed, however, eminently proper that Middlesex County's part in this morning's program should be presided over by the president of the State Society, because of the very prominent part the Middlesex County physicians had taken in the inception and organization of the State Society in 1766, and in its conduct for the fifty years preceding the organization of the county society in 1816.

Rev. Robert McKean, M. D., of Perth Amboy, Middlesex County, was the original advocate of and active worker in the formation of the State Society, and of the original seventeen doctors who met in 1766 to organize it, eight resided in Middlesex County. The first president 1766 and 1767 was Dr. McKean, most of the other officers for many years were from our county, and the meetings were generally held within its bounds at New Brunswick, Perth Amboy or Princeton, the last being then in Middlesex County. Then about one quarter of the State Society's total of ninety-one members up to 1766 and of the additional fifty-five members from 1796 to 1818 were Middlesex County physicians. So that while our county practitioners were not organized as a district or component society until 1816 it is a question whether we

might justly claim that Middlesex County physicians were really organized in 1766, in a far wider sphere of activity and influence than they could have exerted if its field had been confined to the limits of that county. So I am pleased to present this brief outline of our county's doctors and their work at this meeting with the president of the State Society presiding.

We noted in our previous address at the New Brunswick centennial celebration the names of many of our county society's members who were active workers in the State Society, and who held prominent offices in this Society, and we gave sketches of several then, and also in the June and July Journals to which we refer you. We take your time only to recall very briefly a few of them, and a few other prominent physicians of our county who having faithfully served have passed to their rewards, while their names are held in grateful remembrance. We may merely mention the names of a few others who have been or are still with us in active service.

During the first fifty years of the State Medical Society's existence, Middlesex County was honored in the election of eleven presidents of the State Society: Drs. Robert McKean, John Cochran, Thos. Wiggins, Hezekiah Stites, John Beatty, Moses Bloomfield, Moses Scott, Isaac Harris, Lewis Dunham, Charles Smith and John Van Cleve. During the one hundred years following six of our county's doctors have been so honored: Drs. Lewis, Dunham (for second time), John Van Cleve (for second time), J. T. B. Skillman, Ezra M. Hunt, Henry R. Baldwin and David C. English; also two others who were residents of New Brunswick but members of the Somerset County Society: Drs. Augustus R. Taylor twice, and Dr. E. F. R. Smith.

Dr. Henry R. Baldwin, of Middlesex County, was elected treasurer of the State Society in 1866. The balance in the Society's treasury in 1865 was \$3.74. Dr. Baldwin inaugurated the plan of creating a fund that would place the Society in a better financial condition by increasing slightly the per capita assessment of the district societies. The heavy expenses of the Centennial Celebration in 1866 were large, so that it was not until 1868 that Dr. Baldwin's plan gave practical result; that year he reported \$412.40 on hand; the following year the balance was \$825.74, and when in 1874, he resigned because of his election as third vice-president, he reported \$1,000

invested in Newark Savings Bank and \$316.06 as cash balance.

Again the State Society in 1906 chose a member of the Middlesex County Society as the Editor of its Journal and you have re-elected him from year to year and again this year. He deeply appreciates the honor and the confidence the Society has reposed in him, while he expresses his conviction that the Journal should present more fully the splendid work the profession in New Jersey is doing.

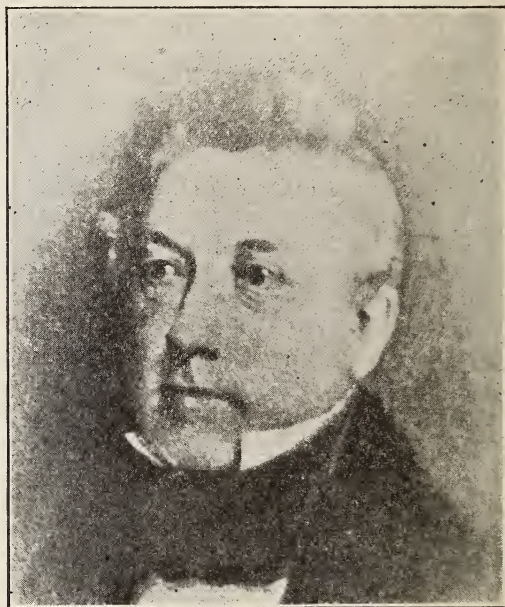
A large number of our county society's members have, during the 100 years of its existence, served on the various committees of the State Society—such as the former Standing Committee, the several present Standing Committees and on many very important Special Committees two numerous to mention, whose good work has contributed much to the grand record the State Society has made. We cannot refrain from giving one example—that of Dr. Ezra M. Hunt who, in former years, long plead and fought earnestly and incessantly in our Society, before Governors and legislators and with the public for the organization of a State Board of Health and who, when after years of effort, was successful and was chosen as the secretary of the board and rendered most efficient service at cost of often needed rest and personal comfort, that shortened his life if it did not cost its sacrifice.

We cannot dwell upon the activities of our members in other scientific and literary societies and in National, State and civic organizations in behalf of Public Health, Education and Good Government that sought to conserve and advance civic righteousness and the physical, mental and religious life of their respective communities. Many held public office and served with conspicuous ability. It will be observed that in our Nation's conflicts—in the Revolutionary War, the Civil War, the Spanish War and the present involvement in the Mexican War—our society has rendered efficient professional and military service. In the service of our State's institutions we mention the valuable services of Dr. H. R. Baldwin, who for several years was one of the managers of the State Hospital at Trenton, and Dr. F. M. Donohue, who for the past few years has been and is president of the Board of Managers of our State Home for Boys at Jamesburg. We refer this morning to four of our New Brunswick physicians who served faithfully and efficiently as mayors of that city for about

one-eighth of the century that our county society has existed. We present their pictures on this and the next page.

AUGUSTUS R. TAYLOR, M. D.

Dr. Taylor was born in New Brunswick in May, 1782. He received his education at Queens College in which his father was Professor of Mathematics; went to Schenectady with father for short time, then returned to New Brunswick; studied medicine with Dr. Moses Scott; matriculated



AUGUSTUS R. TAYLOR, M. D.  
Served 1838-1840.

at the University of Pennsylvania, graduating in 1803 and began practice in New Brunswick; became a member of the State Medical Society in 1816 and was chosen as a member of its first board of managers. He was appointed chairman of the committee to revise, correct and amend the act of incorporation and on April 30, he procured the passage of an act by the Legislature, amending the Society's charter, under which he was elected the first president.

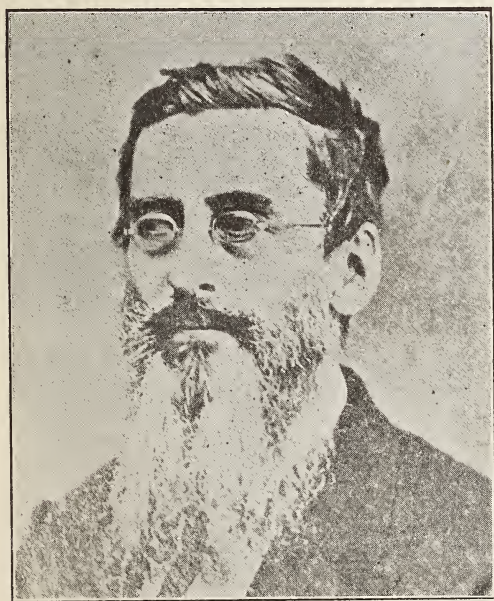
AUGUSTUS F. TAYLOR, M. D.

Dr. A. F. Taylor, son of Dr. Augustus R., was born in Schenectady, N. Y., October 1, 1809; after preliminary education he entered Rutgers College, from which he graduated in 1829 and immediately began study of medicine in his father's office.

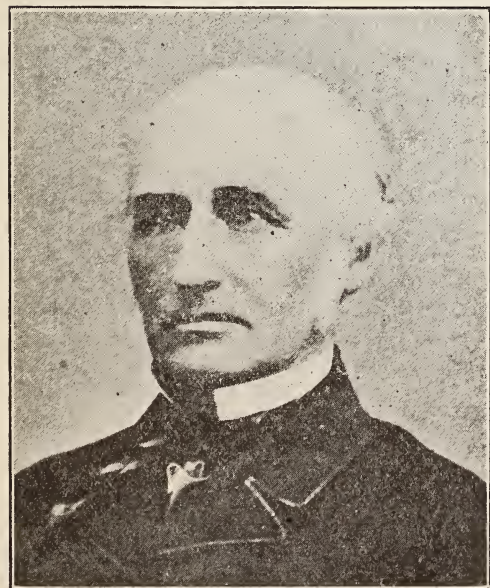
In the fall of 1832 he received license to practice from the State Medical Society, and the honorary degree of Doctor of Medicine was subsequently conferred on him by the College of Phy. and Surg. of New York.



He practiced medicine for half a century, though he suffered loss of sight for years and was totally blind from 1866. He was influential in the State Medical Society, of which he was an active member, in aiding the Society to get an act establishing the State Lunatic Asylum at Trenton.



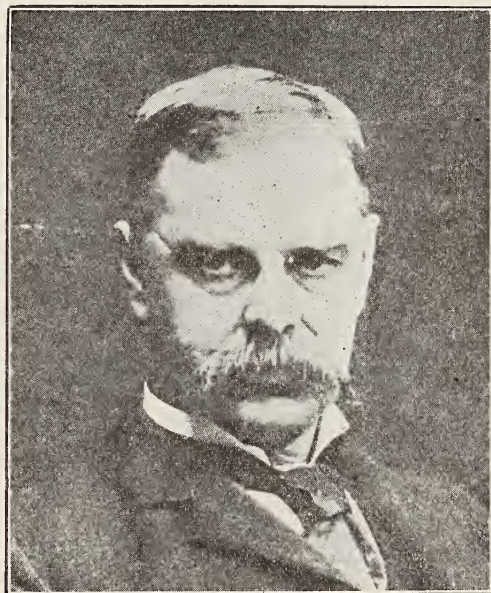
AUGUSTUS F. TAYLOR, M. D.  
Served 1848-1849.



GEORGE J. JANEWAY, M. D.  
Served 1869-1871.

Was born in Philadelphia, October 14, 1806; graduated from the medical department of the University of Pennsylvania in

1830; in 1831, he went to Paris and studied in the French hospitals; returned to New York in 1832 and practiced there during the cholera outbreak there; he removed to New Brunswick in 1847, where he continued to practice over 40 years. He was of a kind and genial disposition, a benevolent, unselfish man, serving devotedly the poor and needy. He was mayor of New Brunswick in 1869 and 1870. He was long a devoted and beloved elder in the First Presbyterian Church. He died September 16, 1889, aged 83 years. He was the father of Prof. E. G. Janeway, M. D., of New York City.



NICHOLAS WILLIAMSON, M. D.  
Served 1895-1902.

Dr. Williamson was born in New Brunswick March 9, 1845. After an excellent preliminary education he studied medicine with Dr. H. R. Baldwin and graduated from the College of Physicians and Surgeons, New York City, in 1872, and began practice in New Brunswick. He was an able physician and had a large practice, and yet he had time to act the good citizen in the service of his city and also to serve his God in official position in his church. He was twice elected Mayor of New Brunswick and served with conspicuous ability.

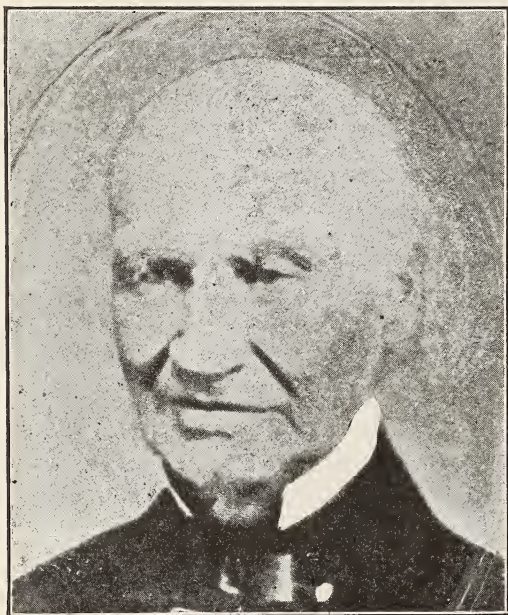
Universally respected by all, he died August 15, 1902, and his loss was mourned by all.

Middlesex County had one medical school within its bounds prior to the organization of our county society and came very near to having a second one. Queen's



College, whose name was afterwards changed to Rutgers College, New Brunswick, in 1792 had such a school which was located in New York City, several were graduated from it; it was discontinued in a few years and then reorganized about the year 1826; it continued this school, granting diplomas to 53 of the students among whom were Dr. Charles Smith and Solomon Andrews, of Middlesex County; but it was obliged to abandon its medical school because of the antagonism of other medical institutions in New York City.

Princeton College, which was then within the bounds of Middlesex County, had



EPHRAIM F. R. SMITH, M. D.  
Served 1842-1843.

For Sketch of Dr. Smith, see June Journal.

practically decided to establish a medical school in connection with their college in 1825; it was intended to be preliminary to the establishment of a medical department in the college with Dr. Van Cleve as its head. His death the following year caused an abandonment of the effort. Thus Middlesex County came very near having two medical schools; but it is probably as well that they were not thoroughly established, with the multitude of medical schools that have grown up during the years since, so many of which have been compelled to close their doors because of lack of adequate equipment and inferior methods of instruction. Since the college at Princeton has become a university, it may possibly in the future have a medical department, but Princeton has ceased to be within the

bounds of our county. The incident shows us the greatness and the eminent ability of one of the organizers of our county society—Dr. John Van Cleve—when Princeton College built its hopes for the success of its proposed medical school on him.

The past year of our Society has been prosperous. The past year has been one of decided progress. We have ten more members than ever before; have changed from the old-time quarterly to monthly meetings; have largely increased the reporting of clinical cases with discussions thereon; new interest has thereby been awakened and the meetings—being held in the hospital buildings—has furnished many cases of exceptional interest. Our harmony and social relations are decidedly improved. To our present president, Dr. F. M. Donohue, no small amount of credit is due for our present prosperity; his earnest advocacy of monthly meetings and his annual feast provided at his beautiful summer home at "Cedarcrest," have borne good results. We dare to take the liberty of saying that we commend him to the State Society for promotion to higher office. We have in him and in a few others of our members, good presidential timber for the near future's use. We look forward, as we enter the new century with bright hopes for greater, better, grander service and more brilliant results for the advancement of our profession and the blessing of our State.

We have celebrated this morning one of the most important events that has occurred in the 150 years of the Medical Society of New Jersey's existence—the formation of these district or county medical societies, for that act has largely contributed to make the State Society what it is to-day. We shall not take the time to show the correctness of that statement, but cite only one fact. Prior to the formation of these five county societies, the entire number of physicians who had been enrolled during the State Society's 50 years of existence was 140; since 1816 there has been a steady growth in members until to-day we number 1,700 on our roll. These county societies—21 in number—are the individual units that together constitute the greater organization and we are beginning to realize that the development, strengthening and making more efficient those units is the all important method of increasing the power, the influence and honor and glory of our profession, and of maintaining and advancing the high and honorable standing of the Medical Society of New Jersey.



# THE JOURNAL

OF THE

## Medical Society of New Jersey

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SEPTEMBER, 1916

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,  
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

AUGUST A. STRASSER, M. D., Arlington, N. J.

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THOMAS N. GRAY, East Orange

We give in this month's Journal the Official Transactions of our State Society. It is the largest we have ever issued, and is a complete record of the 150th anniversary meeting.

We insert also all the historical and scientific papers presented, except the excellent oration in medicine by Prof. M. H. Fischer, which we have not yet received for reasons stated elsewhere. We expect to insert it with the banquet addresses in next month's Journal.

### THE NEXT HALF-CENTURY.

We have just passed the 150th annual meeting of our State Society and have entered upon the work of the fifty years which will complete two centuries of its history. The vast majority of our members will have completed their work for this grand old Society before the 200th celebration, but we can do very much to make that occasion even more memorable and glorious than the past has been by filling the time that remains to us with faithful, devoted service. Our editorial space is limited this month by the great amount of matter we had early prepared and other matter that came very late but required insertion. So we make only one urgent suggestion now—probably the most important one—*The putting of new life and power into our county societies by every member.*

We began again this month the meetings of these societies, after the vacation season of rest. Resolve now to attend every meeting the coming year and to put in the best work you have ever done, and let the Journal readers see that you have the will, the courage and the perseverance both to will and to perform. Read the concluding paragraph on page 502.

### POLIOMYELITIS.

The epidemic that has prevailed so extensively throughout our State and the adjoining States we are glad to believe is on the wane, but let us not relax our efforts to stamp it out. There is our greatest danger at present, for while there is no occasion now for alarm, there is great need that we use every precaution in guarding against conditions that might become alarming. It seems eminently wise that we should defer the opening of our schools—day schools and Sunday schools—until the first of October. There is some danger of a considerable increase in the prevalence of the epidemic from the fact that hundreds of children will be returning from their vacations the first two weeks in September and that many of them will be exposed to and may contract the disease.

There is no doubt that poliomyelitis is an infectious and communicable disease which, as Dr. Flexner says: "Is caused by the invasion of the central nervous organs—the spinal cord and the brain—of a minute filterable micro-organism which has now been secured in artificial culture and as such is distinctly visible under the higher powers of the microscope"; that the virus enters the body, as a rule, by way of the mucous membrane of the nose and the throat; that not all children and relatively few adults are susceptible and that the very young children are most so. We will not now discuss the many reasons, or guesses, given as the cause of the greater prevalence than usual of the present epidemic—"the building of the subways in New York and Brooklyn"; "the extensive killing of the flies"; "the moldy conditions in homes" etc. It is mere theorizing that does not satisfy the scientific investigator; it is far better to say "I don't know," when we don't.

We believe it is spread both by personal contact with those affected and by carriers, but that needs more investigation by competent authorities. We certainly need more definite knowledge as to the exact methods of its spread and the requirements to pre-

vent its spread, for there has been too much laxity in some cases and too much strenuousness in other instances in enforcing questionable measures. Many local boards of health have adopted measures that are not necessary, which tend to create too much alarm and restrict unnecessarily the movements of men and women engaged in factories or other business occupations, and which exceed those adopted by our State Board of Health.

Doubtless the two most important methods of preventing its spread are isolation and quarantine and here is where the State board and the local boards of health differ as to the manner and extent of enforcing them. We believe in private homes where conditions are favorable, the patient should be isolated from the rest of the family on the third floor if such there be, under the care of a trained nurse; that those engaged in business of any kind, who have kept away from the sick, should be permitted to continue at their work. In cases where there are two or more families in the house, and certainly in tenement house districts, where proper isolation cannot be secured, the patients should be sent to the isolation hospital; if not, the house should be strictly quarantined for six weeks from the time of the inception of the patient's attack. It is a question as to how far the wage-earners of such homes should be allowed to continue at work on securing other temporary abiding places. The quarantine should be as rigidly enforced as the safety of neighbors and the community demands and that the Board of Health has been given the power to determine.

We are glad to know that extensive plans are being perfected in Newark by the committee, of which Dr. H. L. Coit is chairman, to provide after-care of patients to prevent permanent crippling.

*It costs far more to practice medicine to-day than it did ten years ago.* In the first place, the cost of living has doubled. To-day the automobile is almost a necessity in general practice to give the quick service which the public demands. And to cap the climax comes the inflated cost of drugs—a serious consideration for the physician who dispenses.

Yet in many counties in this State, medical practitioners are working for the same scale of fees their grandfathers worked under fifty years ago—when eggs were ten cents a dozen and garage charges were unknown.

### JOHN W. WARD, M. D.

It is with profound sorrow we record the death of another Fellow of our State Society—Dr. John Wesley Ward of Pennington, N. J. Although he had been in feeble health for the past few years, we hoped that he would be spared to us a few years longer, even if unable to attend our meetings. Dr. Ward was a man universally esteemed and beloved by all who knew him well and were privileged to enjoy his friendship. Invariably present at our Society's annual gatherings and at the meetings of our Board of Trustees, of which he was chairman, we found him wise in counsel. He was a man of sterling Christian character—modest, gentle, affable in manner; faithful and efficient in service as a member and an officer of our Society. We shall greatly miss him. His long, faithful and efficient service to the State and the thousands under his care as the medical superintendent of the State Hospital at Trenton cannot be forgotten by us or by the citizens of our State generally who have the welfare of the unfortunate and of humanity at heart.

We were pleased to receive copy of the 92nd annual report of the South Carolina State Hospital for the Insane and we congratulate our former member, Dr. William C. Sandy, who was an assistant physician at the State Hospital at Trenton, on the good work he is doing as medical director of the South Carolina Hospital, which had under treatment in 1915, 1,966 and remaining in the hospital December 31st, 1,791 persons. We were glad to send him a copy of our June Journal as requested, without cost even though he was "willing to pay whatever fee is required."

## Medical Society Meetings.

### Academy of Medicine of Northern New Jersey.

The Academy will resume its monthly meeting this month. The stated meeting will be held in its rooms, 671 Broad street, on Wednesday evening, September 20 at 8.45 P. M. Dr. A. A. Strasser, president; Dr. E. D. Newman, secretary.

### County Societies' Meetings.

Bergen County on September 12.  
Gloucester County on September 21.  
Mercer County on September 5.  
Middlesex County on September 13.  
Morris County on September 12.  
Passaic County on September 12.



### Anterior Poliomyelitis.

A symposium on poliomyelitis was held at a special meeting of the Academy of Medicine of Northern New Jersey, August 20, at 4 o'clock P. M., in the auditorium of the Board of Health Building Newark, Dr. George B. Emory presiding.

The discussion was divided as follows: Pathology by Dr. Harrison S. Martland; epidemiology by Dr. Charles V. Craster; diagnosis by Dr. Thomas N. Gray and symptomatology by Dr. Ambrose S. Dowd. A general discussion followed.

### Clinical Congress of Surgeons of No. America.

This Congress will hold its seventh annual session in Philadelphia, Pa., October 23-29, 1916. These sessions are always very largely attended and are exceedingly interesting and profitable. Clinics will be held each day in the many hospitals of the city on each of the various specialties of surgical practice.

The evening sessions will be held in the ballroom of the Bellevue-Stratford Hotel at 8 P. M., that of Monday evening being the presidential meeting. Further notice will be given in our October Journal.

## Miscellaneous Items.

### Standardizing Articles for State Institutions.

Heads of nineteen State institutions met at the State House August 18 for a conference to consider the question of standardizing articles used at the institutions and obtained through the purchasing commission of which former, State Treasurer Edward D. Grosscup is the agent. The conferees organized an advisory board, electing Dr. David F. Weeks of the State Village for Epileptics, chairman, and John F. Neary of the Trenton State Normal School as secretary.

**Cartwright Lectures.**—The Cartwright Lectures for 1916 of the Association of the Alumni of the College of Physicians and Surgeons, New York, will be given by Dr. Richard M. Pearce, professor of research medicine, University of Pennsylvania, on October 24 and 25, at the College. Professor Pearce's subject will be: "The Spleen in Its Relation to Blood Destruction and Regeneration." The lectures are open to the public.

### Seaside Home for Invalids, Atlantic City.

At the twenty-fourth anniversary meeting and re-dedication of the Jewish Seaside Home for Invalids, Atlantic City, N. J., on July 30, plans were made for keeping the institution open for the entire year, instead of only during the summer, as at present. During the past year the home has been almost entirely rebuilt, at a cost of about \$10,000, and now has accommodations for 115 patients. The average number cared for in a season has been about 500.

### Isolation Hospital, Bergen County.

The Bergen County Freeholders on August 16 appointed the following physicians on the board of managers of this new hospital: Dr.

Frank Freeland, of Maywood; Dr. A. W. Ward, of Demarest; Dr. William L. Vroom, of Ridgewood.

### Poliomyelitis.

Up to September 1 there were reported in Newark about 1,250 cases of poliomyelitis with a death rate of 26 per cent.

In the State of New Jersey there were reported about 2,700 cases with a death rate of 24 per cent.

In Greater New York City there were reported 8,060 cases with a death rate of 24 per cent.

There was a marked decrease in the number of cases the last few days in August.

**Cleanliness.**—Long experience has taught the lesson that cleanliness offers a protection against disease; that clean surroundings are apt to be free of infection and that clean food is apt to be safe food.—Rosenau, Preventive Medicine.

## Marriage.

**MUTCHLER - COTTON.** — At Greenwich, Conn., August 27, 1916, Dr. H. Raymond Mutchler of Dover, to Dr. Julia C. Cotton of Jersey Shore, Pa., formerly on the medical staff of the State Hospital at Morris Plains.

## Deaths.

### IN MEMORIAM.

#### William Blundell, M. D.

Mr. William Blundell, the oldest and one of the most prominent physicians of Passaic County, died on June 30, 1916, at his summer home in Allendale, N. J. Dr. Blundell was one of the foremost men of the profession and as a clinician and general practitioner was highly esteemed by professional men and the laity.

He was born in Paterson November 25th, 1836, and live here all his life. In 1861 he graduated from the College of Physicians and Surgeons of New York, and shortly after enlisted in General Hooker's Fifth New Jersey Volunteers. His comrades still living give glorious testimony of his skill as a surgeon on the many battle fields the Fifth took part in. At the battle of Gettysburg it was Dr. Blundell who administered the ether to the late General Sickles whose leg was amputated at that time. Dr. Blundell had for years been an active member of the New York Commandery of the Loyal Legion. He was as sincere a patriot as he was an earnest and conscientious physician. Many are the homes where his skill and kindly personality laid up a debt of gratitude that can never be forgotten.

In 1865 he joined the Passaic County Medical Society of which he remained a member until his death. He was reporter in 1873-74, served as vice-president in 1877, and was elected president of the society in 1878.

He practiced actively until the 78th year of his life when ill health forced him to retire. His keen perception and wise council were valued by fellow practitioners and patients

alike. In his advancing years he did not remain stationary in his science but kept abreast of the times, and was thoroughly conversant with the new things in medicine, sifting with wonderful keenness of perception the wheat from the chaff in the writings of modern medicine.

Mr. Blundell is survived by his widow and three children, John W. Blundell, William Blundell, Jr., and Mrs. W. A. Richardson.—O. R. Hagen, reporter.

COX.—In New York City, August 2, 1916, Dr. Rowland Cox, of Paterson, N. J., aged 44 years.

Dr. Cox graduated from the College of Physicians and Surgeons, New York, in 1898, and settled in Paterson where he practised until a few weeks before his death, when he was taken ill and was operated on in a New York hospital. He was a member of the County and State Medical Societies and of the A. M. A.

DIAMENT.—At Bridgeton, N. J., suddenly, August 31, 1916, Dr. Edward L. Diament. He graduated from the Baltimore Medical College in 1897. He had been county physician of Cumberland County for nine years.

WARD.—At Pennington, N. J., August 24, 1916, Dr. John Wesley Ward, aged 76 years.

Dr. Ward was born in Salem, N. J., February 12, 1860. He attended the public schools of that city and the Salem Academy; in 1855, he attended the Fairfield, N. Y., Academy, graduating therefrom in 1859; taught in that institution for three years, after which he returned to Salem, and for nearly two years taught in the district schools of Salem County. Amherst College conferred on him the degree of master of arts. He entered the office of Dr. John Kirby in 1863, remaining there until 1865. He then entered the medical department of the University of Pennsylvania; graduated in 1866, and took a post-graduate course for one year.

He was appointed second assistant physician at the State Hospital for the Insane in April, 1867. In 1873 he was appointed first assistant physician, and in February, 1876, was appointed medical superintendent. His term of service at that institution is said to have been the longest ever served in any one State hospital for the insane. His executive ability in connection with the management of the institution was very favorably remarked upon, and he introduced many innovations, which greatly benefited the institution and inmates.

Dr. Ward was the author of a number of medical papers, many of which touched on insanity. He was a fellow of the New Jersey State Medical Society; an honorary member of the Somerset County Medical Society and a member of the American Medical Association and American Medico-Physiological Association. Dr. Ward was a close student and spent many hours in his library, which contained several thousand volumes. He traveled extensively and gained a thorough knowledge of persons mentally afflicted. Besides his wife, he is survived by one son, John W. Ward, Jr.

Several years ago Dr. Ward retired from the State Hospital and removed to a farm near Pennington.

THOMPSON.—In Bridgeton, N. J., August 16, 1916, Mrs. Lottie, wife of Dr. John R. C. Thompson, aged 53 years.

## Personal Notes.

Dr. Christopher C. Beling, Newark, has been at Mt. Kineo, Maine, for some weeks, expects to return September 15.

Dr. Harvey H. Bowles, Summit, has removed to 11 Hillside avenue, that city.

Dr. Richard J. Brown, Newark, returned last month from Lake Skatchewan.

Dr. William A. Clark, Trenton, last month visited the U. S. Army Camp at Plattsburg, N. Y., where his son has been undergoing military training.

Dr. Frank Cook, Laurel Springs, and wife have returned from their vacation rest at Toms River.

Dr. Elvira D. Dean, Morristown, has returned from her vacation spent at Lake George, N. Y.

Dr. Jennie A. Dean, Morristown, spent her vacation at West Outlet Camp, in the Maine woods.

Dr. Henry P. Dengler, Springeld, and family recently returned from Canada.

Dr. Elias M. Duffield, Glassboro, surgeon of the Third Regiment, has been appointed a recruiting officer at Camden.

Dr. Matthew K. Elmer, Bridgeton, and wife spent two weeks in Toronto, Canada.

Dr. George H. Franklin, Hightstown, returned last month from a two weeks' vacation in Pennsylvania.

Dr. H. H. Fritts, Shiloh, has returned from a vacation trip. He has been appointed medical inspector of the local schools.

Dr. Thomas W. Harvey, Orange, wife and daughter, who have been spending a few weeks in the Northwest, took a ten days' trip to Alaska. They will return early in September.

Dr. Charles B. Keeney, Summit, and wife spent August in Nova Scotia and Northern New York.

Dr. Anderson A. Lawton, Somerville, and wife spent August at Manasquan, N. J.

Dr. Frank P. McKinstry, Washington, and wife spent their vacation in a 300 miles auto trip through New Jersey and New York.

Dr. George R. Moore, Trenton spent the month of August in the Adirondacks.

Dr. Edward E. Peck, Caldwell, is to be given a dinner by his friends on September 9. He has been spoken of as a non-partisan candidate for Mayor.

Dr. Charles A. Schneider, Newark, and family have returned from Green Pond, where they spent three weeks.

Dr. R. Hunter Scott, Newark, has returned from Cape Cod, Mass.

Dr. William J. Summers, Boonton, spent his vacation at White Plains, N. Y.

Dr. Edward A. Y. Schellenger, Camden, came near losing his life recently, when returning in his auto from visiting a patient, a large brick building collapsed just as he passed, filling the street.

Dr. Ernest Thum, Bayonne, and family spent a few weeks this summer at Lake Sunapee, N. H.





*Philip Leonard*

*President of the Medical Society of New Jersey, 1916-1917*





# OFFICIAL TRANSACTIONS

OF THE  
ONE HUNDRED AND FIFTIETH ANNUAL MEETING  
OF THE  
MEDICAL SOCIETY OF NEW JERSEY

At Asbury Park, N. J., June 20-22, 1916

The Officers of the the Medical Society of New Jersey, 1915-1916



W. J. Chandler  
President

Philip Marvel  
1st Vice-Pres

W. G. Schauffler  
2nd Vice-Pres.

T. W. Harvey  
3rd Vice-Pres.

H. A. Stout  
Cor. Sec.

T. N. Gray  
Rec. Sec.

A. Mercer  
Treas.

*Tuesday, June 20th, 1916, 10.15 A. M.*

## MEETING OF THE HOUSE OF DELEGATES.

*The President:* The time for the opening of the 150th annual meeting of the Medical Society of New Jersey having arrived, I will call you to order, and ask you to listen to the report of the Committee on Credentials.

### Report of the Credentials Committee.

The credentials presented have been examined, and found in due form, and a sufficient number have registered to constitute a quorum. The credentials of permanent delegates nominated are in proper form and we recommend their election.

*The President:* If there is no objection, this report will be received and placed on file.

The Secretary presented the minutes of the 1915 meeting, as printed in the September number of 1915, for adoption by the Society. On motion, approved as printed.

### Report on Permanent Delegates.

At the close of the 1915 annual meeting the Society had 147 permanent delegates. During the year three have died, and one has resigned from the Society and removed to another State.

The deceased were Henry H. Sherk, of Camden; John W. Wade, of Cumberland, and Robert M. Curts, of Passaic. Dr. John C. Felty removed to New York State.

To fill these vacancies Camden nominates William A. Wescott; Cumberland nominates H. Garrett Miller, Passaic nominates John S. Yates, and Mercer nominates Nelson B. Oliphant.

In addition to these, Hudson presents as nominees to fill its quota, Edward L. Bull,

Henry J. Bogardus, J. Morgan Jones and William L. Pyle.

Your secretary holds the credentials of the foregoing nominees, executed in constitutional form, and moves their election as permanent delegates.

Respectfully submitted,  
Thomas N. Gray, Recording Sec'y.

*The President:* If there is no objection, this report will be received and placed on file.

The next thing in order is the election of Permanent Delegates, and I will entertain a motion that, as their credentials have been found to be in constitutional form, the Secretary cast an affirmative ballot for them. On motion, Secretary so instructed.

The Secretary announced that he had cast one ballot for the candidates named in the report on Permanent Delegates.

*Dr. D. C. English* presented the

### Report of the Special Committee of Arrangements for the 150th Annual Meeting.

The Committee of Arrangements presents a very brief report at this time but will give a fuller one on the conclusion of its work. I would state that an entire change was made in the meetings and the order of our exercises. We were compelled to abandon the Founders' Day meeting at New Brunswick. I need not enter into the particulars, but it was absolutely impossible to carry out that arrangement. The Middlesex County Society has regretted exceedingly that they were deprived of the privilege of entertaining the State Society on the first day. There was a change, we were obliged to make, in the place of meeting, from Spring Lake to Asbury Park. It was purely because of the lack of accommodations for some of the functions of this Society, especially the banquet, and the fact that there were but

few hotels in Spring Lake and it would put our delegates to a great deal of inconvenience in finding suitable accommodations and hospitality. So that the committee took the liberty, after consulting with several of the trustees, of making the change from Spring Lake to Asbury Park.

The committee has been fortunate in receiving acceptances from several whom we invited to attend this meeting as our guests. We regret, exceedingly, that several presidents of State Societies whom we invited to attend were compelled to decline because of the distance or because of previous engagements, but we have the privilege of welcoming a few distinguished gentlemen who are presidents of some societies. It has been a matter, also, of very deep regret to the committee that we shall not have present with us the Surgeon Generals of the Army and Navy and of the Public Health Service, and the president of the American Medical Association, previous engagements compelling them to decline; but we may have with us the veteran editor of the American Medical Association Journal, Dr. George H. Simmons, and possibly the Secretary of the American Medical Association.

We are anticipating a session of unusual interest, and the committee have done their best in consultation with the Committee on Credentials and the Committee on Scientific Work, to so arrange matters that this year's session of our State Society shall be an exceedingly enjoyable one, in which the social functions of our gathering shall be emphasized. This is all the report that I need to present at present.

*The President:* This report will be received if there is no objection.

#### Report of Program Committee.

The Program Committee presents the printed program as its report, and moves its adoption as the order of the day for each meeting of the House of Delegates, General Session and day.

Respectfully submitted,  
Committee on Program.

*The President:* If there is no objection, the printed program will be the order of the day as moved by the Secretary.

Report of the Committee on Scientific Work.

*The Secretary* moved that the report of this committee be postponed until the afternoon meeting. Carried.

Report of the Corresponding Secretary. On motion this report was deferred.

#### Report of Recording Secretary.

June 20, 1916.

To the House of Delegates of the Medical Society of New Jersey:

Following is the recording secretary's report for the year ending on the above date:

Membership, June 21st, 1915, 1,649. During the year 120 new members have been added and 17 reinstated, making a total gain of 137.

The losses have been, I transferred to honorary membership by a component society: 17 resigned, all but 2 of these because of removal

to another State; 25 have died and 43 have been dropped for non-payment of dues. The total loss is 86, leaving a net gain of 51 and a total membership of 1,700.

The societies showing gain are: Atlantic, 3; Bergen, 1; Essex, 29; Gloucester, 1; Hudson, 3; Middlesex, 9; Morris, 4; Ocean, 3; Salem, 1; Somerset, 2; Union, 7; Warren, 5.

The following societies have lost: Burlington, 1; Camden, 3; Cape May, 7; Cumberland, 2; Hunterdon, 1; Mercer, 2; Monmouth, 1; Passaic and Sussex have remained stationary.

New members are distributed as follows: Atlantic, 8; Bergen, 4; Burlington, 2; Camden, 1; Cumberland, 1; Essex, 37; Gloucester, 1; Hudson, 18; Hunterdon, 1; Mercer, 3; Middlesex, 10; Monmouth, 3; Morris, 7; Ocean, 3; Passaic, 4; Salem, 1; Somerset, 4; Union, 7; Warren, 5.

The reinstatements were in the following societies: Atlantic, 2; Camden, 1; Essex, 9; Mercer, 1; Middlesex, 2; Somerset, 1; Warren, 1.

The delinquents are in the following societies: Atlantic, 3; Bergen, 1; Burlington, 2; Camden, 2; Cape May, 4; Essex, 7; Hudson, 11; Hunterdon, 2; Mercer, 3; Middlesex, 1; Monmouth, 2; Morris, 1; Passaic, 2; Union, 1; Warren, 1.

Cumberland, Gloucester, Ocean, Salem, Somerset and Sussex have no delinquents.

The deaths have been distributed as follows: Bergen, 1; Burlington, 1; Camden, 3; Cape May, 2; Cumberland, 1; Essex, 6; Hudson, 3; Mercer, 1; Middlesex, 1; Morris, 1; Passaic, 3; Somerset, 2.

Respectfully submitted,  
Thomas N. Gray, Secretary.

*The President:* If there is no objection or correction, this report will be received, approved and placed on file.

I desire to call attention to the notice that speakers are requested to announce their names. Many of you are known to the stenographer; some of you are not; and it is desirable to have each speaker present his name before he discusses any motion or question.

#### Report of the Committee on Publication.

Mr. President and Members of the Medical Society of New Jersey:

1. Your Committee on Publication herewith respectfully submits a report of the business transacted by it during the year ending June 1st, 1916.

Account	Profits
Advertising .....	\$1,926.02
Subscription by members .....	1,659.00
Extra subscriptions .....	21.80
Additional sales of Journals .....	21.20

Total profits ..... \$3,628.02

Account	Losses
Printing and mailing....	\$2,167.81
Editorial salary and expenses .....	1,125.00
Expenses .....	112.34
Gratuitous reprints .....	48.15
Stationery and supplies...	23.50
Cuts and plates .....	20.44



Merchandise .....	33.00
Commissions .....	73.57
Discounts .....	16.30
<hr/>	
Total losses .....	\$3,620.11
<hr/>	
Net profit .....	\$7.91

This is the first time in the history of our Journal, that your committee is able to report an actual gain to the Society, which means that not only has the publication of the Journal cost the Society nothing, but that it begins to show a financial return. This profit, although apparently small, is in reality much larger than it appears on the face of the above statement. Please take into consideration that we have paid our Editor two hundred and twenty-five (\$225) dollars more this year than the last, viz.: the proportionate share of a three hundred dollar increase which the Society has justly allowed him; that the price of paper has been much increased in the past six months; and that we have paid more in commission, upon the increased orders for advertisements from our valuable affiliation with the Co-operative Medical Advertising Bureau of Chicago. Although we have met all of these increased expenses, and other minor ones, nevertheless, by careful work and economy, we have obtained a net gain at the end of the year's business, and we have outstanding bills receivable amounting to three hundred and eighty-seven (\$387) dollars, and contracts for advertising, that insure the success of the Journal during next year, without taking into consideration the bright prospects for increased business which are now before us.

2. As a result of the experience of the past few years the following recommendations are offered by your committee, for your consideration and adoption.

A. Inasmuch as by Section 3 of Chapter XII., of the By-Laws, "the fiscal year of this Society shall begin on the first day of January in each and every year," we recommend, instead of beginning on the first day of June in each year as heretofore, that hereafter the fiscal year of the Journal shall be made to run simultaneously with the fiscal year of the Society, in order to establish a uniformity in the accounting.

B. That hereafter a supplemental statement of the business transacted during the months of January to May inclusive, in each year, shall be prepared, so as to give the Society a report of the work of the Publication Committee up to the time of the holding of the annual meeting.

3. Your committee feels that commendation of our Editor, in the light of his past years' work, is almost commonplace. The character of the reading matter prepared by him, his efforts to present an interesting array of all medical endeavors in the State, and excerpts of live matter, from publications from other States, are ample testimony to his painstaking efforts to please the members of the Society. If he has not succeed to the fullest expectations of every one, we feel sure it has not been because of want of striving on his part. He has many crosses to bear, not the least of which is the enormous task of impressing upon his medical correspondents, the necessity for promptness in answering his letters

and requests. He deserves the greatest credit for his constant and efficient work.

4. We are pleased to testify to the growing influence of the Journal. Requests for back numbers, comments and appreciations, are constantly increasing, and come not only from neighboring States, but from all over the continent, and, we might add, from many parts of the world. It becomes more evident every day, that the Journal now occupies a fixed place in the medical world, and your committee assures you that no effort will be spared to increase its value. We look forward to the time when it will be recognized as an authority, guide and reliable friend, and judging from its present standing we feel free to say that this goal is not far off.

5. We call especial attention to the June issue of the Journal, prepared in honor of this meeting. The Publication Committee has spared no justifiable expense to make this, and the July, August and September issues, truly memorable ones. However, because of the expense which we have incurred, we urge those whose pictures appeared in these issues, to notify us if they desire to purchase their cuts, and they may have them at actual cost, and in that way assist us in decreasing the expense to the Society.

6. A word from the business standpoint is not out of place here. It was the generous support of our advertisers that produced our good record this year. These advertisers are entitled to returns. It is absolutely necessary that we show them some tangible evidence that their advertisements are read. Please give it to them by patronizing those that patronize us. The advertisements are all ethical. As an innovation, as well as to show our appreciation of their business, we have invited all of these advertisers, this year, to send us such literature or advertising matter as they wish to have us place in your hands. Please help us and yourselves by taking the same for future reference, and in this way show your good will toward them.

7. In conclusion we cannot do better than to quote the following paragraph from our last year's report, to remind you again of the advantages of being a personal subscriber to the Journal. "Medical defense is given only to those members who are also subscribers to the Journal. It is not given to members who do not pay the dollar for their subscription. It is not given to delinquent members for any suit involving the period of delinquency. It seems, therefore, the grossest neglect for any member to neglect to pay his assessment on or before January 1st of each and every year, and at the same time to include a subscription to the Journal for the ensuing year. Those who do not pay become delinquents, and are liable to fail to receive their Journals during the period of their delinquency, and are also debarred from the benefits of a medical defense connected with this same period."

A. A. Strasser, Chm.  
Edward J. Ill.  
Wm. J. Chandler,  
D. C. English,  
Thomas N. Gray.

Committee on Publication.

*The President:* This very gratifying report is now before you; what is your pleas-

sure? On motion, ordered received, placed on file, and the thanks of the Society extended to the committee.

Also moved that the recommendations in said report be adopted. Seconded.

*Philip Marvel*: I move as an amendment that the report be referred to the Business Committee, which committee shall consider its recommendations and report back to the House of Delegates. Seconded.

*The President*: All in favor of this amendment will signify it by saying aye; contrary, no. The ayes win it. The original motion as amended is now before you. Motion as amended carried.

#### Report of the Committee on Legislation.

To The Medical Society of New Jersey:—

Your Legislative Committee would submit the following report:

The bill the Society directed the Legislative Committee to prepare and introduce (exempting physicians from the necessity of revealing on the witness stand information received from patients in professional confidence) was drawn by Mr. Stryker, of the Attorney General's office, introduced in the Senate, referred to the Committee on the Revision of Laws, the chairman of which was not at all in sympathy with it. It immediately encountered the opposition of the Public Service Corporation and manufacturing interests. A hearing was given the bill, at which hearing the chairman of your Legislative Committee was not able to be present on account of having another hearing at the same time. The bill was not reported from committee, and we are glad to be able to say that the opposition to the bill was finally located, and believe it can be successfully met by some alterations in the bill. It will be ready for the next legislature.

Another bill was introduced in the Assembly making criminal malpractice punishable by imprisonment and fine, in place of fine or imprisonment, as in the present law. The bill also provided that the State Board of Medical Examiners should suspend the license of the defendant after conviction, pending appeal. This bill also fell among thieves and did not get through the House.

It seems impossible to secure, in the first effort, legislation of this character. The opposition has to be encountered and overcome, and it usually takes from one to three years.

The chief trouble your Legislative Committee had to contend with was our old friends, or enemies, the Osteopaths and Chiropractics. Their bills, both introduced in the House, had many friends and in spite of all our efforts both passed the House by a good big majority.

In the Senate the Osteopathic bill was defeated. The Chiropractic bill, strange to say passed, but as it had been amended in the Senate it was returned to the House so late in the session that it was not again reported from the committee. I might say right here that the reason for this was the influence that the President of the State Board of Medical Examiners was able to bring to bear upon the originator of this bill. Had it not been for this very fortunate circumstance, it is questionable whether that bill would not now be a law.

This would lead your committee to urge very positively the necessity of one of two courses, either to introduce a bill repealing the present law requiring medical examinations and let everybody go as they please, or else to secure a strong organization both in the State and county societies that will be able to cope more successfully with these bills as they come into the Legislature.

They are introduced each year and require so much of the time and attention of the Legislative Committee, that constructive legislation in which the profession is really interested, and which would be of benefit to all the citizens of the State, is entirely side-tracked.

Your committee last year recommended that a legislative committee be appointed by each component society in the State to co-operate with the State committee. We are glad to be able to report that each society, with the exception of one, did appoint such a committee. From a few we received valuable aid for which we are truly grateful, but we would very strongly advise a much closer co-operation between these committees and the committee of the State Society, and would urge upon them the necessity for sending a representative from each of their committees to every meeting called by the State Legislative Committee, and we would also recommend that the necessary expenses of the members of these committees be borne by the State Society.

In view of the barren results of the past year, and the greater efforts being made each year to get through the Legislature undesirable bills, there is a necessity for a very much more efficient legislative oversight than your committee has been able to give, as the time required for such oversight is much greater than any physician in busy practise can be expected to give.

Your committee would make the following recommendation: That the Legislative Committee be empowered to secure the services of a secretary and stenographer during the session of the Legislature, and to meet the expenses incurred by the employment of these, and also to cover necessary expenses of committees from the component societies when in attendance upon the meetings of the State committee, recommends a per capita tax of one dollar on each member of the State Society.

In closing this report we would desire to express our appreciation of the ever-willing and efficient aid your committee received from Dr. J. J. McGuire, of the State Board of Medical Examiners.

Respectfully submitted,

Henry B. Costill, Chm.  
Henry H. Davis,  
Henry B. Costill,  
L. M. Halsey,  
T. H. Mackenzie.

*The President*: This report is before you; what is your pleasure?

*Dr. T. F. Livengood*: I move the reception of the report, and that the recommendations be taken up seriatim. Seconded.

*L. M. Halsey*: It seems to me that this report would be discussed more intelligently by referring the report to the Commit-



tee on Business for consideration, and report on the recommendations at a future meeting of the House of Delegates. There is so much business to be transacted at this meeting that prolonged discussion now seems inadvisable.

*Dr. T. F. Livengood:* I think this a very important matter which should be discussed by the Society. Delegates from the component societies when making their reports to the respective societies should have knowledge of the sense of the State Society on Dr. Costill's recommendations. If those recommendations are referred to the committee we will have an expression of that committee and not of the State Society.

There is no more arduous, onerous, thankless position in the gift of this Society than that occupied by Dr. Costill.

During the last session of our State Legislature the work of our Committee on Legislation was particularly hard and disagreeable as it was altogether a work of opposition and of obstruction. Dr. Costill was successful where I was sure every one of his efforts spelled failure; but to my certain knowledge he did not receive the support of the component societies he had reason to expect.

It is ridiculous to expect that chairmen and members of committees on legislation representing county societies, men who are earning their living in the practice of medicine, to drop everything and pay their own way when Dr. Costill calls them to Trenton on some very important matter.

The only way to get these men to respond is for the State Society to pay their expenses. I heartily endorse the recommendation.

*A Member:* This is a very important matter. Everyone who has served on a Committee on Legislation of a county society and gone to Trenton when called upon knows the handicap the Legislative Committee of the State Society labors under. Its members have given a tremendous amount of time and service, and their report should receive the consideration of the Society at this time and their recommendations be taken up with an explanation of why they are made, and what will accrue in benefit to the Society, if they are adopted, shown.

*Dr. Costill:* These recommendations have been suggested from experience. Every one who has served on the Legislative Committee, and particularly those who have acted as chairman thereof, are fully cognizant of the difficulty of the job. The

trouble comes largely from indifference on the part of the majority of the members of the Society. Among the bills that come before the Legislature, some have to be acted upon promptly; and it is necessary at such times for the Legislative Committee, particularly the chairman thereof, not only to be on hand, but also to be able to secure at once the co-operation of some responsible members of the component societies. Therefore, two years ago and a year ago I asked for the appointment of legislative committees in each county society, composed of members that would get in touch, and keep in touch with, the State committee. Last year such committees were appointed by some component societies and we had some help, but the State Legislative Committee at that did not have the support it should have had from component societies. For any one man, or any half-dozen men selected throughout the State, to undertake to influence legislation by themselves, is an absolute impossibility. The legislative representatives from the various parts of the State, do not know these men; they are strangers to them, and consequently not influenced by them, and their arguments are received in a perfunctory way with little or no attention. On the contrary, when the members of the Society at home, their own constituents, men whom they know and meet in every-day life, approach these legislators, either individually or collectively, and put before them the ideas that the State Society has in reference to legislation, they have some weight. This is what the Legislative Committee has been attempting to bring about, a close co-operation between the component societies and the Legislative Committee.

When we ask delegations from the various county societies to meet the Legislative Committee at Trenton, it does not seem a fair proposition to ask those men to pay their own expenses in transacting business which is in the interests of every member of the State Society, and I believe that the members of the Society should be taxed to bear the traveling expenses, at least, of these delegations. It seems to me that it will always be impossible to get a large attendance of members from the counties which these legislators represent so long as the State Society expects them to pay their expenses as well as to give their time.

If we would bear their expenses it would take away their objection to coming to Trenton, and would also leave no excuse for

failure to respond to the call from the State Legislative Committee.

We lost last year all our constructive legislative measures, all our time being taken, because so few in numbers, in defeating obnoxious legislation. With a large number of members we could have probably been able to push our own measures. I believe this is a very important proposition, and I would like to have a thorough discussion of it this morning.

*Dr. H. H. Davis:* I certainly am in thorough accord with what Dr. Costill has told you. I am not going to enter into the discussion except to speak upon the composition of the component society legislative committees. I would like to impress the need of care in selecting members of such committees. You all know there are a good many members of component societies who are willing to represent their society on its Legislative Committee, who do harm rather than good at Trenton. If care is used in selecting the members of the Legislative Committee of the component societies, so that only those who are known to have influence with legislators are chosen, success will accrue to our efforts at Trenton.

*Dr. Pyle:* What is the motion before the house?

*The President:* It is the discussion of the recommendations.

*Dr. Pyle:* I didn't think we had reached that point.

*The President:* The motion was that they be discussed seriatim.

*A Member:* I thought there was a superseding motion.

*The President:* No, Dr. Livingood's motion is the only motion made.

*Walter B. Johnson:* I believe this recommendation is certainly an excellent one; and I believe that the work of the Legislative Committee should have behind it the full force of this Society. As far as the question of the number of people that go to Trenton is concerned, I don't think that cuts very much figure, because the speakers, as Dr. Davis says, very often do not know how to address the legislative body, and do more harm than good. What we need is a lawyer to present an argument. The members of the State Society who attend the Assemblymen and Senators and their families can have more influence with them than can the members of the component county legislative committees. Let these attending physicians use their influence at home, and

let a lawyer present our case to the Legislators in committee meetings.

The chiropractic and osteopathic gentlemen in the State hire a first-class lawyer to present their argument to a committee of the legislature, and such argument, being made in logical sequence, has great weight with the members of such committees. These gentlemen also prepare the soil in advance through letters to the members of the legislature. Certainly their methods were effective at the last session of the Legislature.

*David C. English:* I am fully in accord with Dr. Davis' and Dr. Johnson's remarks. I believe that Dr. Johnson is right when he suggests that the senator's or the assemblyman's own physician is the man that will exercise the greatest influence on them. I am not sure of the wisdom of the State Society's paying the expenses of the delegations that go down to Trenton. When you begin to pay the expenses of the delegations you will find a large number of men that will be willing to go down. The point I make is this, that the men who go to Trenton ought to be men of recognized ability. If you choose to pay the expenses of the legislative committees in the county societies, all right. But when you begin to pay the expenses of a delegation of 15, 20 or 30, as has been the case of some organizations in the past, in the storming of the legislature, you will get a lot of men that you don't want. I would have the delegations that go there members of the legislative committees of the district societies; if any of the members of a county committee cannot go let them select men who will exert influence on your legislators there, but don't throw the door wide open to delegations of 15, 20 or 30.

*Dr. Costill:* The recommendation of the committee reads: "The necessary expenses of a committee from the component societies," and such committee can be restricted to three. We would suggest that the honored one, the chairman of that committee, be sent at the call of the State Society committee.

*The Secretary:* Did I understand the recommendation aright, that the expenses of the legislative committees of component societies be met by a per capita tax of one dollar on the members of the State Society?

*Dr. Costill:* Yes.

*The Secretary:* The result of the adoption of the Medical Defence Act, with a raise of one dollar in the annual assessment, was a loss of over 100 members. Since I



have been your Secretary, I have every spring had to make earnest effort to hold a certain number of old members. Every year there is the same tendency on the part of many members to lapse, necessitating the writing of a series of letters. I am certain that the adoption of this recommendation with another raise in the annual assessment would largely nullify this effort. I feel that the expenses of the members of county legislative committees should be refunded. It is not just to ask men to give money as well as time to effort for the whole membership, but the legitimate expenses of each county delegation should be paid by the society it represents.

*Luther M. Halsey:* The members of the House of Delegates, year after year, adopt the recommendation offered by the Committee on Legislation, and then, unfortunately, go home and forget all about them. If instead of doing this the members would carry the recommendations with them, and impress upon the members of the legislature whom they know, that the Medical Society of New Jersey stands for these things—higher medical education, the making of better medical men, and opposition to everything militating against State hygiene and sanitation, they would find very few legislators opposed to legislation introduced at the instance of our Society.

Dr. Costill and my friend Dr. Davis have expressed the key-note of the situation in saying that you can't accomplish results unless you have the co-operation of the component societies. Your senator and your assemblyman may be seen prior to the meeting of your legislature; your Committee on Legislation may stand for what the Society desires, the elevation of the profession; and a safeguarding of the people of the State from harm through unsanitary conditions and charlatans, but in addition there is needed two or three active, sincere men from every component society who will be at the call of the Legislative Committee to attend a committee meeting of the Legislature. Such men will have influence, and this small number of men at Trenton, together with all members using their influence at home on the legislators they know, will be able to accomplish large results. The expense of the attendance of so few men will not be great to the Society. The recommendations, as prepared by Dr. Costill, with the approval of the committee, are most excellent; but the component societies must keep in touch with the Legislative Committee.

*Dr. Livengood:* We have been talking about paying the expenses of representatives from the component societies. Now, Dr. Gray thinks that a per capita assessment of one dollar on all the members, in order to do this, will result in a loss of membership. Will this dollar assessment go to pay only the fare of representatives of component societies, or will it also pay the helper mentioned in the second recommendation?

*The President:* It is not stated just what the dollar is to be used for; only that the assessment is to meet extra expenses.

*Philip Marvel:* There is no one in this session more heartily in sympathy with the activities and the recommendations of the Legislative Committee than I am. At the same time I think all present see how futile it is to take up a question like this and discuss it on the floor before some concrete points have been stated. You have a Business Committee for that purpose. You will bear with me if I say that each individual who has spoken has done so to some different point in the question. I do not wish to be thought as being obstructive in the least, but I do feel that this report should be referred to our Business Committee. This committee can go over the report and select from it such recommendations as in its mind and judgment are proper to be placed before this assembly. I would urge that this committee, from its study of the report, would be in a position to give information asked for, and to give lucid reasons for its report on the recommendations. Furthermore, anyone who wishes to discuss the question in a general way, as has been done this morning, can go before this committee and discuss it there. Had this action been taken when the report was presented the work of the house would have been greatly expedited.

I therefore move an amendment that this matter be referred to the Business Committee for consideration, and further recommendation at the next meeting of the House of Delegates. Seconded.

*Dr. Eagleton:* The Legislative Committee have come here with a definite formula; they have asked for one dollar from every member to defray the expenses of the committee. That includes all their expenses. Those of us who have served on the State or on the county legislative committees know this; that the profession in the State is not well organized. It is impossible to get men to do the amount of clerical work necessary. In consequence members of

county society legislative committees may respond to a call to Trenton only to find on arrival that the Legislative Committee hearing has been called off. This has happened three times in the last three years. We are perfectly willing to go on trying to attend hearings. The component societies committeemen are willing to give their time but they realize that as it is it is a hopeless proposition. If a sufficient fund can be placed in the hands of the chairman of the Legislative Committee, so that he can employ proper assistance to get quick information to those who are serving on component society committees, I think something can be done; but it cannot be done without funds.

*David C. English:* One word in reference to that. I am in accord with Dr. Eagleton, but let me say to you just here, Dr. Gray, our Secretary, is absolutely right. You put that \$1 additional on your membership and we will lose from one to two hundred members. I have been treasurer of our county medical society for forty years and know the effect of increasing annual dues; when we put that \$1 extra two or three years ago on them we lost ten men; and now if you put this additional dollar on them we will lose more. You and I may afford that dollar, but some of these men can't, and we can't afford to lose them. I am in favor of the reimbursement of those who serve us on these Legislative Committees. The treasury of the State Society at the present time is able to pay for that for the coming year; let it be taken from the treasury of the State Society rather than put the dollar on these men.

*Dr. Mackenzie:* The Legislative Committee have reported their conclusions with recommendations. The Business Committee cannot do any better. It will not bring any better report, and we will have to discuss the matter again. Why not settle it now without referring it to a committee?

*Philip Marvel:* May I just reply to what Dr. Mackenzie has just said?

*The President:* If it is your pleasure, we will hear Dr. Marvel for a moment.

*Philip Marvel:* In answer to Dr. Mackenzie, the very discussion going on here now and interposing itself in the order of business is the discussion that ought to be before the Business Committee. When the matter has been thrashed out by the Business Committee and their concrete report is made to us this Society will then have a discussion on specific points. The Legislative Committee can go before the Business

Committee and argue for its recommendations and get whatever points it may in the Business Committee's report. This will expedite matters so that there won't be all of this delay in the proceedings of this house, and, certainly, the Business Committee is appointed for the one specific purpose of determining the points in reports pertaining to the business transactions of this house.

*Dr. Dickinson:* I will second Dr. Marvel's motion also, but would it not be well to call the roll of the Business Committee to see if its members are present?

The majority of the Business Committee were found to be present.

*H. H. Davis:* Our good friend here has just brought out in his discussion just what the Legislative Committee wanted to know. He brought to us the fact that the State Society can afford to pay the expenses of members of county society's legislative committees. That is what we wanted to know. We have learned that and the discussion has done us good.

*Dr. Emerson:* There are so few of us possessing the faculty of lucid brevity I think it would have been far better to have this discussion before the Business Committee than on the floor of the House of Delegates.

*The President:* All in favor of Dr. Marvel's amendment to refer the report to the Business Committee will say aye; contrary, no.

*The President:* The ayes appear to have it.

*Dr. Livengood:* I call for a rising vote. The rising vote was 38 for referring; 23 against.

*The President:* Dr. Marvel's motion prevails. Now before you is the original motion of Livengood as amended. Carried.

*The President:* The report is sent to the Business Committee for report at a subsequent session of this house.

*Philip Marvel:* I would like to suggest that the President instruct this Business Committee as to its duties on referred reports.

*The President:* All referred reports to the Business Committee are to be considered by them and, as far as possible, those who would like to discuss these points with the Business Committee are requested to be present at the meeting of the Business Committee; and the Business Committee is to report, at its earliest convenience, at the next business meeting of this Society under the head of unfinished business.



The next order of business is the report of the treasurer.

*Dr. Halsey:* Before this report is presented I wish to present a resolution which has the approval of the Committee on Legislation, and ask for its consideration at the present time, for this reason, the hearings before the State Board of Health this morning at Trenton are on the question of a certain resolution which is before the State Board of Health which, if passed, will allow the partial pollution of some of the water supplies in this State.

*The President:* I think this should be presented under miscellaneous business, doctor.

*Dr. Halsey:* I am asking for the consideration of this resolution at the present time because the State Board of Health is in session now this morning, and I want some action taken upon it right away.

*The President:* Unless we have the consent of the Society to suspend the order of business we cannot hear it.

*Dr. Costill:* I move the suspension of the order of business for Dr. Halsey's resolution to come before the house. Carried.

#### **Resolution Introduced by the Committee on Hygiene and Sanitation.**

Whereas, The New Jersey State Department of Health has before it a resolution which if passed would allow partially purified sewage to be discharged directly into streams which are used as potable water supplies for towns and cities,

Therefore, Be It Resolved, That the New Jersey State Medical Society is unalterably opposed to the discharge of sewage into such streams.

Gentlemen, I have already said this resolution has the approval of the Committee on Legislation, and we would ask you that if you are favorable to it that the Secretary of the Society be instructed to send a telegram to the State Board of Health that the Medical Society of New Jersey is opposed to such legislation at the present time. I therefore move the consideration and adoption of this resolution as read. Seconded.

*Dr. Dickinson:* As chairman of the Committee on Public Hygiene and Sanitation I second the resolution. Defecation, whether anal or oral except as prescribed by the law is not allowable, but the defecation, of some type on the watershed is allowed to go on and there are those who, for commercial reasons or for reasons of one or another, seem to feel as if this was all right.

I want to second the resolution, not only individually, but also as chairman of this committee.

*A Member:* What is the motion?

*The President:* Dr. Halsey's resolution, and his motion that it be adopted and the Secretary telegraph the Society's action to the State Board of Health.

On request the Secretary read the resolution.

*Dr. Mills:* Do you mean by partially purified sewage the effluent from a modernly equipped sewage disposal works? It seems to me your resolution is very indefinite as to partially purified sewage.

*Dr. Dickinson:* It says here "partially purified sewage."

*Dr. Costill:* The idea was to take up the broad principle of the Society being opposed to any pollution of streams, and not to go into any concrete individual case with reference to the matter, which would sidetrack the discussion and allow various individual interests to get into it.

*Dr. Fisher:* The last phrase of the resolution is capable of different interpretations; should not it read that this Society is opposed to the passage of the resolution, as well as to say it is opposed to the polluting of the streams. Our telegram if sent should apply to the specific resolution.

*Dr. Costello* spoke of the impossibility of discussing the resolution without bringing in the individual question, as his own city could not build a disposal plant without discharging its effluent into a stream.

*Dr. Clifford Mills* also spoke along the same line, saying that it would be impossible for a remote city to lay pipes to the ocean to dispose of its effluent.

*The President:* Any further discussion? All in favor of the resolution will signify it by saying aye; contrary, no. The ayes have it.

#### **Report of the Treasurer.**

1915	Dr.		
Jan.	Atlantic	County Assessment	\$ 159.00
"	Bergen	"	213.00
"	Burlington	"	129.00
"	Camden	"	250 00
"	Cape May	"	75 00
"	Cumberland	"	93 00
"	Essex	"	1,043.00
"	Gloucester	"	75.00
"	Hudson	"	642.00
"	Mercer	"	174.00
"	Middlesex	"	111.00
"	Moumouth	"	87.00
"	Morris	"	190.00
"	Ocean	"	39.00
"	Passaic	"	375.00
"	Salem	"	63.00
"	Somerset	"	72.00
"	Sussex	"	60.00
"	Hunterdon	"	84.00
"	Union	"	220.00
"	Warren	"	48.00

Jan.	1	Interest, Chicago & Alton Bond	17.50	Mar.	3	Josiah Stryker, Legal Services..	150.00
Feb.		Essex Co. additional payment	66.00	"	16	Dr. W. J. Chandler, Pub. Com.	186.51
"	25	Hudson " " "	78.00	April	7	Dr. T. N. Gray, Rec. Sec. Salary	75.00
"	27	Burlington " " "	6.00	"	7	Dr. W. J. Chandler, Pub. Com.	280.65
Mar.	1	Atlantic " " "	75.00	"	15	Dr. W. J. Chandler	274.09
"	1	Hunterdon " " "	3.00	"	26	Dr. T. N. Gray, Rec. Sec. Exp.	36.70
"	2	Atlantic " " "	3.00	May	11	Dr. W. J. Chandler, Pub. Com.	160.80
"	3	Somerset " " "	9.00	"	17	John A. Montgomery, Legal Services.....	150.00
"	3	Essex " " "	96.00	June	15	Dr. T. N. Gray, Program Com.	42.00
"	3	Cape May " " "	3.00	"	15	Dr. W. J. Chandler, Pub. Com.	167.70
"	4	Warren " " "	3.00	"	24	Dr. W. H. Iszard, Councilor..	44.47
"	5	Warren " " "	9.00	"	24	Dr. James Hunter, " "	34.60
"	6	Hudson " " "	18.00	"	24	Dr. D. C. English, Sec. Bd. Trus.	7.80
"	11	Moumouth " " "	21.00	"	24	Dr. C. Beling, Councilor .....	22.10
"	13	Union " " "	27.00	"	24	Dr. A. McAlister, Scientific Com.	10.50
"	13	Middlesex " " "	30.00	"	24	Dr. T. N. Gray, Rec. Sec. Salary	75.00
"	15	Monmouth " " "	3.00	"	24	Dr. T. N. Gray, Rec. Sec. Exp.	17.10
"	16	Passaic " " "	18.00	"	24	Dr. Henry Costill, Scien. Com.	61.00
"	16	Monmouth " " "	3.00	"	24	Dr. W. J. Chandler, Pub. Com.	225.00
"	17	Middlesex " " "	12.00	"	25	Dr. A. Mercer, Treasurer.....	20.05
"	19	Monmouth " " "	3.00	"	25	W. H. Morrow, Medical Def'se	250.00
"	25	Monmouth " " "	3.00	"	25	Bastian Bros. Co., Badges.....	57.50
"	29	Middlesex " " "	9.00	July	1	Fidelity and Casualty Co., Treas- urer's Bond.....	7.50
"	30	Hudson " " "	21.00	"	19	Dr. H. A. Stout, Cor. Sec.....	37.50
April	7	Essex " " "	82.50	"	19	Albert C. Wall, Medical Def'se	100.22
"	29	Atlantic " " "	6.00	"	19	The Orange Publishing Co.....	32.00
May	21	Camden " " "	12.00	"	19	Dr. W. J. Chandler, Chairman	179.75
"	21	Salem " " "	6.00	"	26	George B. Cook, Stenographer.	128.07
June	3	Middlesex " " "	3.00	Oct.	5	Dr. T. N. Gray, Sec., Salary..	125.00
"	3	Warren " " "	15.00	"	5	Dr. D. C. English, Salary.....	300.00
"	5	Mercer " " "	18.00	"	5	Dr. T. N. Gray, Secretary Exp.	28.60
"	10	Essex " " "	12.00	Nov.	29	The Orange Publishing Co.....	3.75
"	10	Morris " " "	3.00	Bank balance January 1, 1916.....			5,194.12
"	14	Cape May " " "	9.00				
"	15	Essex " " "	3.00				
"	19	Mercer " " "	3.00				
"	19	Receipts from Journal.....	2,003.06				
"	24	J. Warman for Journal.....	1.00				
"	25	Somerset Co. additional payment	6.00				
"	28	Atlantic " " "	3.00				
July	1	Interest, Chicago & Alton Bond	17.50				
"	10	Essex Co. additional payment	47.00				
"	14	Warren " " "	3.00				
"	15	Middlesex " " "	3.00				
"	31	Essex " " "	11.00				
Aug.	5	Atlantic " " "	3.00				
Sept.	11	Union " " "	6.00				
"	17	Morris " " "	9.00				
"	29	Monmouth " " "	15.00				
Oct.	5	Middlesex " " "	1.50				
"	2	Hunterdon, assessment for 1916	75.00				
April		Essex Co. additional payment...	3.00				

		\$7,127.06
Balance in Bank January 1, 1915.....		1,943.55
Bank interest on deposit.....		102.51
		\$9,173.12
\$1,000 Chicago & Alton Bond, 3½%		
cost \$786.50.....		786.50
		\$9,959.62

1915	CR.	
Jan.	12	Dr. W. J. Chandler, Pub. Com. \$ 53.12
"	15	Dr. W. J. Chandler, " 279.01
"	20	Dr. D. E. English, 2d prize essay 50.00
"	23	People's Legislative Bureau of New Jersey..... 30.00
Feb.	3	Dr. W. J. Chandler, Pub. Com. 47.94
"	19	Dr. W. J. Chandler, " 177.62
"	19	Dr. W. J. Chandler, Medical Society of N. J..... 5.00
"	26	The Orange Chronicle Co..... 13.50
Mar.	3	Dr. T. N. Gray, Rec. Sec. Exp.. 31.85

\$1,000 Bond Chicago & Alton 3½%		\$9,173.12
cost \$786.50.....		786.50
		\$9,959.62

Respectfully submitted,  
ARCHIBALD MERCER, Treasurer.

January 1, 1916.

On motion the report was accepted and ordered placed on file.

*Dr. Fisher:* The report of the Auditing Committee on the Treasurer's report is in the hands of the Secretary of the Board of Trustees.

#### Report of Board of Trustees.

The Board of Trustees met in March last when the change of place of the annual meeting of the Society was approved and the secretary reported that the bond of the treasurer of the Society had been received and was in his possession.

At the meeting held last evening in the New Monterey Hotel, there was a large attendance. Dr. Edward J. Ill was elected chairman for the ensuing year and Dr. English was re-elected secretary. Very interesting and encouraging reports were read by the chairman of the Publication Committee, the Secretary and the Treasurer of the Society. Drs. Fisher and Halsey were appointed a committee to audit the Treasurer's accounts.

Dr. D. C. English was re-elected Editor of the Journal for the ensuing year on the same amount for salary and expenses as last year.

Dr. English as chairman of Committee of



Arrangements, made a brief outline report. Announcement of special train of Philadelphia physicians which would arrive Tuesday morning was made, and the hospitalities of the Society for the day was ordered extended to them.

Dr. Fisher, of the Auditing Committee, reported that they had examined the Treasurer's accounts and had found them correct.

Respectfully submitted,

Edward J. Ill, Chairman.

D. C. English, Secretary.

*The President:* If there is no objection this report will be received and placed on file as approved.

*The President:* Report of the Delegates to the American Medical Association and to State societies. Report of the Delegates to the American Association?

*Dr. Lalor:* We have had no meeting of the delegates since the meeting in Detroit. There were three delegates from New Jersey there, and they attended faithfully to their duties; and I think they were all pleased with the man who has been made president. Dr. Mayo seemed to be the man for the place.

*The President:* Any reports from the delegates to State societies? If not, we will pass to the next order. Report of the Judicial Council.

*The Secretary:* Before this report is made, I would like to move the suspension of the order of business so that Dr. John C. McCoy may make his report as chairman of the Committee on Hospitals. I ask this because Dr. McCoy has at home a very sick brother; he has come down here to make his report and he may be summoned at any minute, and I think it is only a proper courtesy to him that we should allow him to make his report at once, so that if he is called home he could leave. Seconded and carried.

*Dr. McCoy:* Ladies and Gentlemen—The report which I have to present as chairman of the Committee on Standardization of Hospitals of our State is here in full, and I will not take your time to read it, as it will undoubtedly be published in our "State Journal." As stated in this report the committee has gone over the matter of the standardization of our hospitals with our State Board of Medical Examiners; as you, of course, know after this year our State Board of Medical Examiners will require a definition of what a standard hospital is; in order that they may know from which hospitals to accept medical applicants, as it will be necessary for a graduate in medicine, hereafter, to show that he has spent at least one year in a recognized hospital

in addition to his regular medical curriculum. The State Board of Medical Examiners up to the present time have made no move in standardizing the hospitals, but have relied to a very great extent upon the work which has been done by our committee, inasmuch as several members of the State Board of Medical Examiners have been members of this committee. We have had several meetings with the State Board of Medical Examiners, and it is a great pleasure for me to state this morning that the State board has approved of the work of your committee, and has accepted as their standard, the standardization of the various hospitals as laid down by the State committee. As chairman of the committee, I am indebted to each member of the committee for the work, which they have done during the past two years, in visiting the various hospitals of the State, and particularly to Dr. Emery Marvel for the detailed work, which he has done in going over the various reports of the hospitals, and summarizing them, so as, to give a blank form of an annual report, which will be applicable for each hospital. To Dr. F. R. Sandt, of Paterson, the committee is indebted for the standardization and specifications for a Pathological Laboratory, with a list of the equipment which will aggregate about six hundred dollars, and which will afford any general hospital facilities for the proper investigation of the ordinary cases that may come under their care. As I have stated, in closing my report, the work has really only begun. If good is to accrue from it there should be a co-operation of the different hospitals of the State, whereby, there will undoubtedly be a saving of money in hospital management, and methods will be created for more efficient hospital work. Take for instance the one item of histories, if these could be made uniform throughout the State you will readily understand the vast saving which would accrue to each institution, and also their scientific data will be made ready for immediate reference from which definite information, as regards, not only hospital efficiency, but the care and treatment of the diseases in general will be forthcoming.

#### Report of the Committee of Standardization of Hospitals.

At the annual meeting of the New Jersey State Medical Society in June, 1914, the following was passed: "Resolved, That a committee of seven members, including three State members representing the American Medical Association, be appointed by the President to study the status of the general hospitals lo-

cated in the State, which study shall aim for the betterment and standardization of these institutions, and that the State Committee be authorized to confer with the national or other established committees organized for this purpose, and shall report at the next annual meeting of this Society; and should any circumstances arise to make earlier action desirable, this committee shall report to the Councilors of this Society, and action be taken in accord with the findings of the Councilors."

Under this resolution the following were appointed: John C. McCoy, chairman; W. Blair Stewart, Alex. Marcy, Jr., Gordon K. Dickinson, Emery Marvel, Henry B. Costill, Thomas N. Gray.

This committee rendered a tentative report to the State Society at their meeting in June, 1915. It was then the sense of the State Society that this committee should be continued because of the law, which would become operative after July, 1916; namely that, all students of medicine applying to the State Board of Medical Examiners shall show that they have had at least one year's service in an accredited hospital before being eligible to take their State examination.

During the past two years your committee by one or more of its representatives has visited and personally inspected each of the 43 general hospitals of the State. The visits of the committee have been for the purpose of studying the physical plant, the condition and care of patients, and observing the general atmosphere of the institution. A considerable amount of information relative to hospital work in general has been obtained. We have noted that the one objective point in each institution with its Lay Board of Managers, as well as its Medical Board, is the best possible care of the sick of the community. The committee has been impressed, however, with the lack of uniformity in the essentials of hospital management.

An endeavor has also been made to obtain data in reference to the general managerial aspects of each hospital, the relation of the management to the requirements of the institution other than those interests of a purely financial character, that is, the interest manifested by the lay element of the community in the main factor for which the hospital was established, namely: The intelligent and helpful care of the unfortunate sick entrusted to them, and the extent to which the patient as an individual of the locality is first assisted back to health, and then guided and helped to become a useful member of society once more. In brief, what are the end results in a given case, and is the hospital as a philanthropic and charitable institution giving the just equivalent for the money expended by the community in its support.

In our efforts to study the status of each hospital we have made a careful investigation of the annual reports of the various institutions in conjunction with our personal inspection and have been impressed with the lack of uniformity in these documents, many failing to give to the public the information they really intend to publish. Hence for statistical data, many of the reports are valueless, and fail to give such information as would prove beneficial for the better care of the patients, or act as a guide in studying the efficiency of

hospital management. An important factor which is probably back of these incomplete reports, is that, of the lack of attention on the part of the medical departments to the details of proper historical data of the patients under their care, and the fact that the management fails to demand of their medical officers such data, the committee is of the opinion that all institutions desire to give a clear and concise report but have failed probably by following an old custom from year to year instead of studying the purpose of the report and benefiting thereby.

In view of this fact we have incorporated in the report a blank form for an annual report. If this is made part of the Standard Hospital as approved by the State Board of Medical Examiners, it will greatly facilitate the study of hospital questions and will be a direct benefit to each institution in making comparative studies in hospital economics and efficiency, and will prove of inestimable value to the institutions. This will give to the Board of Managers wage rates in the different hospitals, ratio of nurses to patients, rates per patient per day, average days' stay per patient and many other items which are constantly brought to the attention of hospital boards.

The committee has also gone carefully into the matter of pathological requirements for the average institution and with the assistance of Dr. F. R. Sandt submit the laboratory requirements for an average general hospital, such as in their opinion will not embarrass the hospital and yet at the same time have made the requirements such that they will meet the demands for the proper investigation and treatment of disease. This item also has been submitted to the State Board of Medical Examiners and we trust will meet with their approval.

Your committee has co-operated with the State Board of Medical Examiners and has submitted to that body the full report of what our committee defines as a minimum standard for a general hospital. We realize fully that the requirements will probably not be of as high a standard as many would desire. It has been difficult to obviate making the requirements too strenuous, for we must remember that the object is to bring all of the hospitals up to a definite standard, after which it will be comparatively easy to raise the standard as occasion may demand. This will be to a greater or less extent in the hands of our State Medical Board.

We are happy to note from a recent communication from the Medical Committee of the American Medical Association to which we submitted our full report that "New Jersey has rendered the only complete and up-to-date report received by them and also that our definition of a minimum standard for a hospital is the only one that they have."

There remains, however, much work to be done. We are satisfied from our experience in visiting the various hospitals that this must be along educational lines, both as regards the managerial board and medical board of our various institutions. The raising of money to defray the expenses of the hospitals is only one item. The intelligent co-operation of the management, public and profession in seeing that the maximum amount of benefit accrues to the patient from every dollar expended is



far more important. Co-operation on the part of the hospitals of the State, a study of general and local conditions pertaining to hospital management, your committee is satisfied, will result in greater economy and higher efficiency.

Respectfully submitted,  
Committee on Standardization of Hospitals.

John C. McCoy, Chairman.

(For Minimum Requirements for a Standard Hospital, equipment and blank reports, etc., see Addenda).

*The President:* The report is now before you; what is your pleasure?

Moved that it be received, placed on file and the committee continued.

*The Secretary:* I think we ought to do more than receive it and place it on file. I thing this Society should take some action upon it, and adopt it as the sense of the State Society, and recommend it as such to the State Board of Medical Examiners. I make that motion. Seconded and carried.

#### Report of Judicial Council.

Mr. President and Gentlemen:

It would have greatly pleased your Councilors if we could report, as we did last year, that no suits have been inaugurated and that no applications for medical defence have been made, but such is not the case.

On February 29, 1916, Dr. Joseph Fewsmith, of Essex County Medical Society, was made defendant in a suit for malpractice. On March 19, 1916, council met, with Dr. Fewsmith present. After hearing his evidence the council decided he was entitled to defense, and instructed Dr. Beling to notify our attorney to defend him.

On May 29, 1916, council heard a statement of Dr. Linn Emerson, of Essex County, who is made defendant in a suit for \$25,000 damages. After hearing the charges and the written defense, and hearing the doctor's oral statement, council unanimously agreed that he is entitled to the benefit of the Medical Defense Act.

The following resolution was adopted: Resolved, That the Judicial Council express its deep regret and sense of personal loss occasioned by the untimely death of Dr. R. M. Curts, one of its highly esteemed and valued members, and extends to Mrs. Curts and family our profound sympathy.

The following delegates were excused for absence from the Association for 1915:

Dr. J. K. Bennett, Camden; Dr. Wm. Flitcroft, Passaic; Dr. Linn Emerson, Essex; Dr. E. C. Chew, Atlantic; Dr. Alfred A. Lewis, Morris; Dr. D. E. English, Essex; Dr. Henry L. Coit, Essex; Dr. Wallace Pyle, Hudson; Dr. W. H. Carroll, Passaic; Dr. Cuthbert Wigg, Morris; Dr. J. W. Proctor, Bergen; Dr. W. E. Cladek, Union, and Dr. W. S. Washington, Essex, for 1914 and 1915.

#### First District.

Dr. William H. Iszard,  
Chairman, Judicial Council,  
Dear Doctor:—

I herewith submit my annual report as Councilor for the First District.

The societies comprising this district have maintained a high standard of scientific work

and increased their activities during the year. Not only in the county societies but in the numerous other medical organizations there have been continued efforts towards scientific development and ethical progress.

Morris County and Essex County societies celebrated their centennial anniversaries.

Essex County has taken active measures for the suppression of illegal practitioners. During the year there were five applications for medical defense, all from the County of Essex.

A physician of Newark was threatened with suit for alleged wrongful treatment of a woman during the puerperium. The suit was not instituted, after the physician had applied for the support of the State Society.

Another physician of Newark, long in the practice of his profession and of the highest reputation was sued for alleged negligence in the delivery of a child, more than five years after its occurrence. The case is now in court.

A prominent ophthalmic surgeon of the Oranges was sued for negligence in performing an operation for cataract, resulting in the subsequent loss of the eye. This case is also pending.

Claim was made against a Newark physician by a father for alleged damages resulting from improper treatment administered to his infant son, the fingers of whose left hand had grown together in such a manner as to make an operation necessary.

A physician in Orange was addressed by a counsellor-at-law on behalf of a client who claimed that his professional treatment of his wife was of such a nature as to have necessitated "a very serious operation upon her and which almost resulted in her death." The patient in this instance was a woman who claimed that she was pregnant and wanted abortive treatment afforded her, but which was refused by the physician.

Yours respectfully,  
Christopher C. Beling.

#### Third District.

Dr. William H. Iszard,  
Chairman, Judicial Council,  
Medical Society of New Jersey.

Dear Dr. Iszard:—

The Councilor from the Third District desires to report that he has visited during the past year all the societies of his district.

It is with great satisfaction that he is able to state that the progressive spirit and harmony of thought and purpose manifest in these societies have been most gratifying.

Respectfully,  
W. A. Clark.

#### Fourth District.

The meetings of the different societies in this district have been held regularly and well attended and with quite a number of accessions. The papers read, the discussions entered into, and the entertainments given have all been of an unusually interesting and instructive character.

At the May meeting Camden Society was honored with the presence of our genial secretary, Thomas N. Gray, who, as usual, gave us a happy talk with many valuable suggestions.

During the past year we have lost by death one of our oldest members, Dr. H. Genet Taylor, who became a member of the Camden

County Medical Society in the year of 1860 and passed out of this life at the ripe age of 79 years.

The Fourth District, within whose borders our State Society meetings have been held for so many years, feels assured that the efforts put forth by the fraternity in furnishing such almost unparalleled accommodations, may warrant you in asking for the privilege of coming into our district again.

Respectfully,

Wm. H. Iszard.

#### Fifth District.

Dr. W. H. Iszard,

(Chairman, Judicial Council,

Dear Doctor:—

As Councilor of the Fifth District, I beg leave to report, that the societies of this district have held their regular meetings throughout the year, with increased interest and attendance. The papers have been practical in character and have brought forth timely and interesting discussions which were instructive and of material benefit to those in attendance.

Our societies have again availed themselves of the courtesy and hospitality of the Vineland School for Feeble Minded and held meetings at that institution. Through the courtesy of Dr. Hallowell, physician-in-charge, we were enabled to have Professor Dercum, of Jefferson College, deliver a clinical lecture upon the different phases of idiocy as exemplified by the inmates of this institution. The lecture brought out many novel and interesting points for discussion. The social sessions continue to be popular, their spirit makes for better social and professional acquaintance, and they prove a pleasant innovation in the routine of the year's work. We earnestly commend this type of meeting to all the county societies for adoption.

There have been no suits for malpractice in the district during the year, for which fact, may we be duly grateful! The grim reaper has exacted his usual harvest, but those summoned to their final reward have left us examples of fortitude and fidelity to emulate and remember.

The work within the Fifth District continues to be harmonious and profitable to all concerned.

James Hunter, Jr.,  
Councilor, Fifth District.

*The President:* This report is now before you gentlemen. A motion that it be accepted and placed on file will be entertained. So moved and carried.

*The President* called for the report of the Committee on Hygiene and Sanitation. Dr. Dickinson, the chairman, not being present, the report of the Committee on Prize Essay was called for. Dr. Marcy, Chairman, not being present, the House took up Unfinished Business, and the President called for a report from the Business Committee.

*Dr. Sutphen*, Chairman, announced that the committee was not yet ready to report. The House closed under Unfinished Business

and opened under Miscellaneous Business.

*The Secretary:* I have a number of communications to present. If the Society will excuse me, I will not read them, but give only their purport.

The first is a letter from the Women's Christian Temperance Union, of Monmouth County, saying that they would like the House of Delegates at this 150th anniversary to pass a resolution showing the present position on the harmful effect of alcohol on the health, in contrast with past positions, and also as to its growing disuse as a medical remedy. I move the communication be referred to the Business Committee. Carried.

The next communication is from the Board of Commissioners of Asbury Park, asking that the Medical Society extend an invitation to the American Public Health Association to hold its meeting in 1917 in Asbury Park, N. J. The Board of Commissioners of Asbury Park have already extended such invitation and wish our co-operation. I move it be referred to the Business Committee. Carried.

The next communication is from the Organized Charities of Atlantic City, asking this Society to take some action, if they think best, upon having the State Board declare that venereal diseases are communicable and reportable. I move it be referred to the Business Committee. Carried.

*The Secretary:* The next letter is a mass of communications in reference to first aid to the injured from an organization called The First Aid Conference. These communications have been before the Board of Trustees and no action taken. I move they be referred to the Business Committee. Carried.

The House returned to the regular order of business and Dr. Wescott presented the

#### Report of the Committee on Medical Economics

In the transacting of the business of this Society it is not uncommon for most important items to be relegated at the last moments of the period. This is wrong. To my mind, the subject about which I am going to say a word is of tremendous importance.

By careful investigation, eight years ago, I uncovered the fact that the illegal practice of medicine costs the people of New Jersey eight millions of dollars a year. The U. S. Bureau of Economic Statistics corroborated this fact. Today, no doubt, these figures are largely increased.

I am also going to state in a word or two other facts that I discovered. For instance, that there is a book in this community known as "The Druggist's Manual. On its pages I found the names of twenty-eight hundred pre-



scriptions, any of which are for sale at all times in our drug shops. Out of the twenty-eight hundred formulae, I counted fourteen hundred so-called cures.

A few days ago I learned that the figures representing the irregular practice of medicine in the United States are four hundred million dollars per year.

These facts and figures indicate that there is no class of men in our broad land competing against such impossible odds as the doctors of medicine. It is equally astonishing that the members of this great Society view this situation with so little seriousness.

My remarks to this meeting years ago seem to have acted as a little leaven in keeping this subject alive. What was done by Dr. Frank Gray and his committee last year was in full accord with the gravity of the situation.

You know that I am not chairman of the Committee on Medical Economics and why, much to my sorrow, its distinguished head is not here. I know that his heart-felt desire was that the work be continued and that the economic relationship between medicine, lay conditions and the State, be bettered.

Maybe the report of this committee should stop here. Possibly only pitying silence should follow; but my heart impels me to add a few words more. I ask of you the privilege.

In the short personal acquaintanceship which I had with Dr. Gray, I learned that he was big-hearted, and a splendid man. That his mind was full of plans for the betterment of the profession. There was nothing in my last interview with him that indicated what was to follow.

There are men who see with clearer vision than others. The ocean, the green of field and woods, the great natural scenes are vivid indeed to them. They know with keener sense the cause of tears, of laughter, the agony of hopelessness. Whose personality indicates a conscious relationship with God! We call them poets.

No man ever mingled such warp and woof of religious faith in his beautiful songs as Whittier. Nor pictured to men more sweet hope in the hereafter. He will help me in my last words to you—a prayer for Frank Gray:

"It is not ours to separate

The tangled skein of will and fate,  
To say what metes and bounds shall stand  
Upon the soul's debatable land,  
And, between choice and Providence,  
To divide the circle of events;  
But He who knows our frame is just,  
Merciful and compassionate,  
And full of sweet assurances,  
And hope for all the language is,  
He remembereth that we are dust."

*The President:* Shall the report be accepted?

*Dr. Costill:* I move that the Report of the Committee on Economics be received, and the committee continued. Carried.

*Dr. Dickinson* presented the

#### Report of a Committee on Tuberculosis in Childhood.

Tuberculosis is our most insidiously infective disease. Being produced by a bacillus that

has very mild pathogenic effects, its presence in the system is generally not noted until weeks after exposure, and, even then, in the large majority of cases, the symptom-complex of the disease is not evidenced until years after the infection has taken place, and then expresses itself in various ways. Sometimes as a fever sometimes as a type of dyspepsia, sometimes affecting the kidneys and other organs, but more largely in the disease popularly known as consumption.

It is well known that in all communities there are many of the latter type who are a menace to their neighbors and to children in particular, and, as their illness lingers from months to years the possibilities of spreading the disease are correspondingly augmented.

Although it has been known for at least a hundred years that children are particularly susceptible and that in the vast majority of cases its incipency is in childhood, the profession has been slow for some curious reason in comprehending this fact and in directing its efforts either in homes or boards of health along the proper lines. Large sums of money and a great deal of energy have been expended on the adult who is spreading the disease and little or no attention given to the child exposed and infected.

The sentiment is gradually extending from the phthisiologist to the sanitarian and to the educator that something must be done for the child, the logical conclusion being that money spent on the adult is spent on the individual and at the wrong end. The child must be safeguarded and by attacking the problem in childhood and attacking it earnestly and with much better judgment than we have used in the past, there is greater hope of controlling the disease.

We, the committee, would earnestly request that the State Medical Society, by resolution and by personal endeavor, call upon the State Board of Education and through it the city boards, to recognize the immense obligation resting upon them and the possibility of improving the sanitary condition of the schools, so that those who are infected, but not distributors of germs, may be welcomed to the schools for completion of their education. This means open-air classes, not open-window classes. In them might also be placed the anemic and otherwise debilitated.

We would further request that the same influence be brought to bear upon our State Legislature and its members, upon the Freeholders of the several counties, and upon the profession of the State to see that the children who are actively tuberculous, thereby a menace and whom it would not be proper to allow to enter our schools, have open to them sanatoria so constructed and administered that the welfare of their minds and bodies can be attended to at the same time. One of the saddest of conditions existing to-day is the neglect of the tuberculous child. Future generations will certainly look back upon us and wonder why with our enlightenment and great energy of purpose the child has been neglected. Let us start now to rectify conditions. If the State Medical Society wishes to accomplish a practical result, let it go on record as recognizing the cause, the source, and the proper methods to be taken to safeguard the child and the child's future.

*Dr. Dickinson:* In connection with the report I present the following resolution:

Resolved, That our Committee on Public Health Instruction be urged to take into consideration, especially, the subject of the prevention and amelioration of tuberculosis in childhood, and to confer with the State Board of Education and our Committee on Legislation as to the best means of saving the lives and health of our children from this scourge.

*The President:* The report and resolution are before you; what is your pleasure?

*Dr. Pollak:* As a member of this committee, I move that the report and the resolution be adopted. Seconded and carried.

*The President:* The Honorary Membership Committee, of which Dr. Genet Taylor was chairman, will make its report through Dr. Mitchell, who was selected chairman of the committee. Dr. A. A. Strasser has been appointed by the President to fill the vacancy created by Dr. Taylor's death.

*Dr. Mitchell:* The Constitution provides that not more than fifteen honorary members shall be living at one time; and I am informed by the Secretary that at present there are four vacancies. The committee, after considering the names proposed to fill these vacancies, offer the following names to be voted upon: Dr. C. K. Mills, of Philadelphia; Dr. R. C. Cabot, of Boston; Dr. G. W. Crile, of Cleveland, and Dr. John B. Deaver, of Philadelphia. On motion the Secretary cast a ballot for the names offered.

*The President:* Report of the Committee on Prize Essay.

#### Report of the Committee on Prize Essay.

The Prize Essay Committee respectfully report that no essay was submitted and consequently no prize awarded. I would recommend that the subject for the essay be determined by the Board of Trustees rather than by the committee in the future.

Alex. Marcy, Jr., Chairman.

*The President:* This report will be accepted and placed on file, if there is no objection.

*The Secretary:* I move that the report be referred to the Business Committee as it carries a recommendation.

*The President:* What is that?

*The Secretary:* That the subject of the essay be determined in the future by the Board of Trustees, instead of by a committee. Seconded and carried.

*The Secretary* presented Dr. Costill's resignation from the Committee on Legislation.

New Jersey State Medical Society.

Gentlemen:—

I would herewith respectfully tender to the

Society my resignation as member of the Legislative Committee.

Henry B. Costill.

*The President:* What is your pleasure with regard to this resignation?

*Dr. Dickinson:* I move Dr. Costill be conferred with before action is taken on it.

*The President:* It is moved that a conference be held with Dr. Costill before action is taken upon his resignation. Seconded and carried.

On motion the House of Delegates adjourned.

2.30 to 3.30 P. M.

#### MEETING OF THE HOUSE OF DELEGATES.

*The President* called the meeting to order at 2.54 P. M.

*The President:* It is desired that all those who address the Society should step near to the Reporter's desk, so that they may be plainly heard. The opening of this session will be made by invoking the divine blessing; Dr. Ballard, of Ocean Grove.

*Rev. A. E. Ballard, D. D.:* We have learned that—whether we eat or drink, or whatever we do—we are to do it to the glory of God. We recognize the different events and things which connect themselves with our lives here in this world; but no matter what may be our place in society, whether it is the minister of Christ, whether it is the physician to our bodies, whether it is in other forms of the life we live here on earth, we must keep in mind the thought that it is God to whom we render our account and whose glory is to be the object of our lives.

It is a pleasure to join together here with these people, banded together as they are for the advancement of the science which makes larger the knowledge and more full their power over the bodies of men. We are thankful that they can so assemble together, so learn from each other, whatever is placed before their vision, so understand more perfectly the organism of these bodies through which the ministers of Jesus Christ can do better work, tell their story in better forms because of what the physicians can do for them in fitting the body for its highest exercise of good.

We pray to God that the divine blessing may rest on the gathering of these persons here, physicians to the body; may so rest on them that as the time passes here and they learn from each other the various things by which that knowledge is advanced, that they may leave here better prepared, still, to do the work God has for them to



do; so that they can render a full and correct account to His glory when the time comes for them to pass from this world and answer unto God for what they do here in time.

Lord God, give Thy blessing to this convention; make the members to seek Thy light; and those of us who at any time may be permitted to listen to the discussions; and may we all exist for the fact that the body and the soul together are to glorify God, and may it be that this convention has helped in the accomplishment of that ideal. God bless them in their work, wherever they are located among the people; teach them to know what to do and courage to do it; intelligence to know how to do it and courage to perform it; may they so live that their lives in the community where they dwell shall be a blessing to the people, for ever and ever, through Christ our Lord. Amen.

*The President:* Asbury Park has done very much for the entertainment of this Society at this meeting, and we are very glad to receive from Mayor Hetrick a welcome to this place. Mayor Hetrick. Applause.

*Mayor C. E. F. Hetrick:* Mr. President, Officers, Members and Guests of the Medical Society of New Jersey—It is more than a pleasure to welcome this Society to Asbury Park. I think it is the first time in the history of the Society, at least I have so been informed, that you have ever favored our town. I may be wrong. My informant is for that responsible. However, I wish my welcome to be more than hearty. I trust that you will take upon your shoulders and bear unto yourselves the ills of our community, and help to prescribe for them. We hope and believe that it will some day be a very great town, physically and morally. We trust that anything you can do to prescribe for that end, you will gladly tender to us in the shape of advice.

I welcome you, Doctor, I welcome all the doctors and everybody to the city of Asbury Park, with a feeling of pleasure. I trust that you will enjoy the privileges and the entertainments that we have endeavored to provide for you; and I ask that my few words be a testimonial to the sincerity with which I welcome you to our town, and ask that you come back to us in future years. I thank you. Applause.

*The Secretary* then announced the names of the Nominating Committee.

*The President:* The Nominating Committee will meet at 5 o'clock in the commit-

tee room at the end of the hall toward the dining room.

*The President:* Is there any Miscellaneous Business; or any other Unfinished Business?

*The Secretary:* Mr. C. R. Dieffenbach and Dr. Wells P. Eagleton, Commissioners of the New Jersey State Commission for the Blind, have asked me to read this letter to the Society.

Since our open letter to Governor Fielder protesting against the abolition of the office and the dismissal of the Supervisor of the Work for the Blind, Miss Lydia Y. Hayes, because of blindness, and much of an irrelevant nature has appeared in the press, it is necessary that the vital principles involved should be clearly understood.

(1) The effort (by a majority of the New Jersey Commission appointed "to ameliorate the condition of the blind") to deny to all afflicted with blindness the opportunity to occupy an executive position under the State Commission, even when qualified by training, experience and mental capacity to administer the office.

(2) The dismissal because of blindness of an executive officer of the State, who, according to a resolution passed by the commission (without a dissenting vote) has administered the office with "ability, integrity and a spirit of uplift to the blind" is not alone the loss to the State of a capable officer, but is an attack upon good government and spiritual progress in government.

(3) The mentally competent blind should as in the past, be regarded by the Commission for the Blind, the same as other self-respecting citizens, and not (as advocated in the commission) dependents of the State, enrolled in the Department of Charities and Corrections, which has supervision over imbeciles, defectives and criminals.

(4) The principle of open meetings as formerly, of the State Commission for the Blind, and files and minutes accessible to the public.

Wells P. Eagleton, M. D.

C. R. Dieffenbach.

Commissioners of the New Jersey State Commission for the Blind.

*The President:* Gentlemen, this is a very important matter, and one with which we are not sufficiently conversant to pass judgment at once, but to further explain the circumstances, I would ask Dr. Wilson to give a statement to the Society.

*Dr. Wilson:* Gentlemen, I should like to offer the following resolution for myself and Dr. Marsh.

In view of the recent action of the State Commission for the Blind, in dismissing a competent blind supervisor of the work for the blind, on account of blindness, be it

Resolved, By the House of Delegates now in session assembled, that it is the sense of this Society that the State Commission for the Blind should employ the competent blind in all positions which they can fill, and that the blind should be regarded like other self-re-

specting citizens and entitled to an education at the expense of the State; and that it is the sense of this Society that blind babies and children should, as far as possible, be trained in their homes, and only removed to institutions when home conditions warrant the belief that proper training cannot be given them; and, finally, that any effort by any commission of the State, to replace faithful and efficient servants, on the ground of blindness, which blindness existed at the time of appointment, is incompatible with the obligation which the State owes to its blind, and with good government.

In offering this, Mr. President and Gentlemen, I wish to state this: There seems to be at the present time in the Commission for the Blind a feeling that blind persons should not occupy positions of trust and teaching. It has been, heretofore, the policy of the Commission to employ blind persons wherever possible, to send out blind teachers to teach the blind; and they have had a very competent and worthy woman at the head of the supervision of the work. This woman has been dismissed, simply because, as I understand, of her blindness. When I was on the Commission I will say this: I never found a more uplifting—if I may use the word—person to inspire the blind than Miss Hayes. Now, it seems to me that this Society ought to go on record stating, or asking at least, that the blind, when they are competent, should be employed, thus making them self-respecting. The mere fact that they are doing something to support themselves lifts them above their condition. I therefore offer this resolution.

*The President:* Is the resolution seconded? Seconded.

*The President:* It is now before you. Is there any discussion.

*David E. English:* One clause in this resolution I do not agree to, and I don't think it belongs there. I don't know why it was put in. The clause that refers to the training of blind children at home. I used to think that a blind child was best off at home, myself, a good many years ago; but I have learned better. I think now that a blind child should be put in the hands of expert trainers as soon as possible.

The second year of a blind child's life is the most important year of its training. Since I have been connected with an institution for the blind this has been more and more borne in upon me. I object to that clause in the resolution; otherwise I could vote for it. But a blind or untrained mother can not raise a blind child as expert teachers and trainers can. I think that it is almost impossible that anybody can think otherwise. The mother cannot give the

time to it when alone; she has not the ability, she has not the training, herself; she has not the thousand dollars for apparatus that is needed, and her child remains mentally blind until it is ten or twelve years old, and when it is put into the hands of experts very often it is too late to wake up the mind.

I think this is a very important point, and I want to impress on you that the most important year of the training of a blind child is the first year after it is weaned, and that it is the time it should be in the hands of the experts of an institution, not allowed to go to sleep at home and get into the lethargy from which it never can be aroused if it is left a little too long.

*Dr. Livengood:* I think Dr. English's point is not tenable at all, and the proof of it would be, where would you find the mother that would give up her child to an institution at that time?

*David E. English:* I know forty-seven such mothers.

*Dr. Hunt:* The reason why this woman was voted out by the other commissioners I don't think has been brought out clearly. Dr. Wilson tells us how those commissioners removed her because she was blind. Here was a commission of five people; I was one of the board who appointed Miss Hayes and I wanted to retain her. Now, it would be of interest to know if there were any other reasons why she was dropped.

*A Member:* If there is a member of the commission present here perhaps he can enlighten us.

*Dr. Eagleton:* When the Commission for the Amelioration of the Condition of the Blind was appointed it started out to educate the blind and to employ the blind to do this. The majority of the present commission however are of the opinion that a blind supervisor, no matter how well equipped and efficient, should not be employed, because a blind person has to have a secretary, this secretary also acting as a guide. So they voted to drop Miss Hayes in order to do away with the expense of a secretary. Their argument is that a sighted person can act as supervisor and secretary. The fact is that by dismissing a blind supervisor and employing a sighted one they will not save the expense of a secretary, for the executive officer of the society must have a secretary, and this secretary would have to do the same work that Miss Hayes' secretary did, except that of acting as guide.

*The President:* Any further discussion?



If not all those in favor of this resolution will signify by saying aye; contrary, no. Carried.

*The President:* I see Dr. Hunter present; will he present the report as Chairman of the Publicity Committee?

#### Report of the Committee on Publicity.

At the annual meeting of this Society, June, 1912, Dr. Daniel Strock in his presidential address said, "We believe the time has arrived when the Medical Society of New Jersey should assert the prerogative of a teaching body to the general public. In recent years the lay press has devoted much space to articles pertaining to medical subjects—some of them correct and instructive; some incorrect and therefore misleading. The incorrect and misleading articles are chiefly due to the fact that editors are not physicians. But editors in their public capacity, have long realized that the people desire a better knowledge of many subjects that have heretofore been concealed by the physicians; and in their efforts to supply the information thus demanded, it may occasionally occur that incorrect information is given unintentionally. We believe every newspaper editor or proprietor in the State would welcome the innovation that would place in their possession correct information upon medical subjects in a form that could be used in their columns, and would thus continue to be co-workers with this Society in its mission of public educator."

"There should be created a committee to be known as the publicity committee, to be annually elected by the Society."

This project of Dr. Strock's, assumed tangible form at the last annual meeting of your Society, when a Publicity Committee consisting of three members was appointed.

The Publicity Committee held several meetings to which were invited the officers of the Society. The situation was gone over, the scope and character of the work planned, and the most effective method sought by which the intent of the Society could be realized.

From a list of two hundred ninety-three papers published in New Jersey, a mailing list of one hundred twenty-five was selected. This was done by sending to a member of the Society in each county a list of the papers published therein, asking him to indicate which of the papers listed were best adapted for our purposes. The responses were prompt, and we were enabled to make an intelligent selection. Seven articles were prepared and mailed to the papers selected, the dates and topics as follows:

October 9, 1915—"The Doctor and the Commonwealth," by Dr. William A. Wescott.

November 17, 1915—"Urgent Need for Greater Facilities for the Care of the Insane," abstract of paper of Dr. Britton D. Evans.

December 21, 1915—"Health Conservation," abstract of paper of Dr. F. D. Gray.

January 26, 1916—"Charlatanism and the Victims of the Drug and Alcohol Habits," Summary from article by C. B. Towne, New York.

March 20, 1916—"Coughing and Spitting in Public Places," by Dr. Daniel Strock.

April 20, 1916—"Automobile Legislation and the Physician," by Dr. William A. Wescott.

May 25, 1916—"The Crusade for Cleanliness," by Dr. Daniel Strock.

The articles were published with the names of the writers omitted. It was indicated, however, that they were authorized by the Publicity Committee of Medical Society of New Jersey.

The work of the committee was in many instances assisted by members of the Society making a personal appeal to the editors of the local papers to publish the material furnished by the committee.

Finally a letter of inquiry was mailed to the editors of papers listed, asking for an expression of opinion as to the value of the articles furnished, suggestions as to their improvement and continuance. Of the replies received eighty per cent. were for a continuance of the work of the committee.

The suggestions offered were for shorter articles, more local in color or interest, also that they be put out in plate form thus saving cost of typesetting and so securing wider publication.

We are unable to say definitely what per cent. of the papers receiving the articles publish them, but judging from the replies received from our letter of inquiry, the articles bid fair to receive more and more publicity, provided we succeed in producing shorter ones of timely interest to the reading public. Your committee has earnestly endeavored to carry out the intent of the Medical Society of New Jersey. The field was new and untried, but we feel that we have succeeded in a measure, in bringing about the fulfillment of the Society's purpose.

Respectfully submitted,

Committee on Publicity.

*The President:* What is it your pleasure to do with this report? A motion to receive and place on file will be considered, and the committee to be continued. Such motion was made and carried.

*The President:* Dr. Sutphen, the chairman of the Business Committee, will report for that committee.

*Dr. Sutphen:* Your Committee on Business has examined the report of the Publication Committee, concur in the same, and recommend the adoption of it with the exception of Section C which was not crossed out in the report which was handed to us, but which we understand was not read before the Society this morning.

*The President:* What is your pleasure with regard to the report as read this morning—that it be adopted? Will anyone make that motion? Such motion was made and carried.

*Dr. Sutphen:* There was a communication from the Women's Christian Temperance Union of Monmouth County, New Jersey. The Committee on Business approves; Mr. President, I fear that a good many of these men don't know what these communications are; and it might be well to have this one read.

*The Secretary:* The letter from the Women's Christian Temperance Union wishes the Society to pass a resolution on the use of alcohol, and encloses a copy of the resolution it wishes passed. The Business Committee is perfectly competent to report on this resolution which has been read, and to recommend its adoption or to offer another in its place.

*The President:* Is the Society ready to consider a vote on this question?

*Dr. Sutphen:* The Committee on Business approves of the suggestion contained in the above communication, and we suggest its reference to the Committee on Public Health Education for further consideration.

*The President:* If that is the pleasure of the Society it will be so done. If there is no objection the communication will be considered as so referred to the committee.

*Dr. Sutphen:* The committee approves the suggestion made in the report of the Committee on Prize Essay. This suggestion is that the subject for prize essays be in the future selected by the Board of Trustees.

*The President:* If the approval of the committee meets with the approval of this Society, and there is no objection, it will be so ordered. Is there any objection? It is so ordered.

*Dr. Sutphen:* The Committee on Business approves of the suggestion of the Committee on Legislation that a secretary and stenographer be employed during the session of the legislature, and recommends that the expense of same be borne by the State Society, also that the expenses of the Committee on Legislation and members of the county societies called by them to attend the session of the legislature be also borne by the State Society.

*The President:* You have heard the recommendation of the Business Committee. What is your pleasure?

*Dr. Sutphen:* I might say that the suggestion was that there be an assessment of \$1.00 on each member to cover these expenses; but in the opinion of the committee we thought best to suggest that it be paid from the Society's treasury.

*Dr. Costill:* Has there been any amount specified or any limit to the amount that the committee should spend?

*The President:* No.

*Dr. Costill:* All right, you may not have any balance next year.

*The President:* This recommendation is open for discussion.

*Philip Marvel:* I would like to ask if the committee have any idea of the amount which will be expended under their recommendation? If not, I would like to make a motion that it be referred again to the Business Committee with instructions to add to it a specific amount to be expended.

*The President:* Is the motion of Dr. Marvel seconded? Seconded.

*Dr. Sutphen:* The idea of the committee was just as it is worded in the resolution: "The expenses of such members of the various societies that the Legislative Committee may secure to help them," with the understanding that the Legislative Committee would certainly not exceed any reasonable amount.

*The President:* All in favor of Dr. Marvel's motion will signify so by saying aye; contrary, no. Carried.

*Dr. Sutphen:* First Aid Work—the committee recommends that these communications be referred to the State Society Committee on First Aid Work.

*The President:* Will the Secretary read the communications?

*The Secretary:* The communications are too voluminous to read. They are in relation to the First Aid Conference which has representations throughout the country, with Dr. Joseph C. Bloodgood as secretary. I brought this matter before the Trustees, and they wished to have some more data before they would act. The result of that action is this huge mass of communications. The question is whether the State Society wishes to appoint surgeons to represent the State to a First Aid Conference. As I understand it from Dr. Bloodgood, he wants a surgeon from the mines, a surgeon from the trolley companies and a surgeon from the railroads. I think perhaps Dr. John C. McCoy could tell us of some others he might want.

*The President:* What is the recommendation of the committee?

*Dr. Sutphen:* That the whole matter be referred to the State Committee on First Aid Work.

*The President:* What is your pleasure on referring this whole matter to the State Committee on First Aid Work? If there is no further discussion, all in favor of the recommendation will signify by saying aye.

*The Secretary:* There is no State Committee on First Aid Work.

*Dr. Sutphen:* I will call on Dr. Graves to explain if he is here.

*Dr. Graves:* I think Dr. Dickinson can explain.



*Dr. Dickinson:* About a month ago, I think it was the beginning of May, I had a communication from Dr. Simpson, of Pittsburgh, who is co-operating with Dr. Mayo, the president of the A. M. A., the President of the American College of Surgeons and the president of several other large organizations. They desired to have a card index of the men who could "carry the message to Garcia." They wanted at least a hundred names for every million of population. They asked me to work in conjunction with some other men as a committee for New Jersey. We met in New York one night and discussed the proposition which was one of medical preparedness. The decision of the conference was that this number of medical men who might be called on in emergency should be selected, choosing men just from the hospitals who could work in the trench or near the front; others who could work in the hospitals near the front, and others at the base; the older men like myself for the rear. After this conference it developed that the Hay's bill would throw a damper on the proposition because it would put the men selected out of commission in a year; but I have had communications since which show that the Hay's bill only put the scheme in another light and we are now going ahead. We are visiting the State of New Jersey by counties and sections, and each one of the ten of us have taken a section and are selecting carefully the names of men to be presented to the Surgeon General, so I think this really overlaps the communications from Bloodgood, because they both have the same object. (Applause).

*The Secretary:* The matter on which Dr. Dickinson has been speaking is an entirely different matter from that before us. These communications are from Dr. Bloodgood, Secretary of the American First Aid Conference, which held its first meeting in August, 1915. The object of the conference is the "studying of first aid problems and standardizing methods, materials and equipment employed in the administration of first aid to those injured in the pursuit of industrial occupations, and in war."

I move that the President be empowered to appoint three surgeons to represent the State Society at the next meeting of the American First Aid Conference.

*Dr. Johnson:* I second the motion.

*The President:* Dr. Gray's motion then is before you. Any further discussion? All in favor will signify it by saying aye; contrary, no. Carried.

*The President:* One more report, I am informed, by the Business Committee.

*Dr. Sutphen:* The committee discussed the letter from the Organized Charities of Atlantic City, which letter requested the State Society to co-operate with it in getting the State Board of Health to declare that venereal diseases are communicable and reportable, and offer the following:

Your committee is conscious of the ravages of venereal disease and believe there should be State control of such diseases, but, under the existing laws and social customs do not see how anything definite can be done at present and do not favor present discussion, but leave the matter to our very efficient State Board of Health.

On motion the recommendation was adopted.

*Dr. McCoy:* Since reading the report of the Hospital Standardization Committee this morning I have received word from the State Board of Medical Examiners at Trenton that it has adopted our minimum standard for its own. (Applause). I wish to state that the committee feels more than gratified over the work they have been called upon to do during the past two years from the fact that the State Board of Medical Examiners have co-operated with them in this way. At this our 150th anniversary it might be a fitting remark that through the work of this Society we are the first State in the Union to have our State Board of Medical Examiners demand that the medical student, before he is eligible to appear before them for examination, shall have passed one year in a hospital accredited by the State Board of Medical Examiners. (Applause).

*The President:* It has been suggested that the Society take some action with reference to Dr. Gray's death. I would ask Dr. Dickinson if he could present this matter to the Society?

*Dr. Dickinson:* The Elks, at eleven o'clock suspend all exercises and go into a little memorial meeting for those who have died. Coming down here, and with my mind full of the death of Dr. Gray who was my chum, and having everybody come up to me and say "Isn't it awful," I find on looking over the program there is nothing there which memorializes recent deaths, Gray and others. It seems to me that in some way we ought to memorialize at our annual meetings the members who have died during the year. In some societies there is a committee for this purpose. In others the president and secretary have this as a part of their

duties, but so far as I know this Society has never done anything of this character.

Gray was so much to me, and so much to our community, and so much to the Society, that I hate to see his death go without some recognition—something, perhaps, even better than cold resolutions which so often appear in the press and are sent to the family. He had a wife, brother and sister. All of them would feel, I know, and appreciate any little sympathy which may come from this honorable body.

*The President:* This is a matter that appropriately came before us a year ago, when Dr. Gray was here. We all admired his ability, and we always listened to his papers with great interest, and I think it very appropriate that this Society should appoint a committee to take some special action as Dr. Dickinson recommends. The matter is before you for any suggestion.

*David C. English:* I move the appointment of such a committee, with Dr. Dickinson as the chairman. I know we all feel that not only the Society, but we personally have met with a great loss. There is nothing that has happened in the last few weeks that has impressed me so sadly and profoundly as the death of Dr. Frank D. Gray whom I greatly prized as a friend. Seconded.

*The President:* If it is your pleasure such a committee shall be appointed, how shall it be appointed?

*A Member:* By the President.

*The President:* If it is your pleasure that the President shall appoint such a committee\*, with Dr. Dickinson as its chairman, he will name such a committee at a later time.

We will now adjourn the meeting of the House of Delegates.

4 P. M.

GENERAL SESSION.

*The President* called the meeting to order at 4 P. M.

INDICATIONS FOR SURGERY.

*Edward J. Ill, Newark.*

THE EDUCATION OF THE NURSE.

*Gordon K. Dickinson, Jersey City.*

Discussed by Dr. E. J. Ill and Dr. Sexsmith.

On motion the President was empowered to appoint a committee to carry out the recommendations in Dr. Dickinson's paper.

Session adjourned.

\*The President appointed Drs. Gordon K. Dickinson, Thomas N. Gray and David C. English.

8.30 P. M.

GENERAL SESSION.

*Philip Marvel*, First Vice-president, called the meeting to order.

PRESIDENT'S ADDRESS—A Brief Historical Sketch of This Society From Its Inception Down to the Present Time.

*Wm. J. Chandler, South Orange.*

On motion the thanks of the Society were extended to Dr. Chandler for his highly interesting and graphic historical address.

ORATION IN SURGERY—Recent Advancement in Our Knowledge of Cancer.

*Prof. John G. Clark, Philadelphia.*

Session adjourned.

Wednesday, June 21st, 1916.

9.30 A. M.

GENERAL SESSION.

*The President* called the meeting to order at 9.45 A. M.

*Dr. McAlister:* Mr. President—I have a matter of interest to the Society which I would like the privilege of presenting before the reception of visiting presidents and delegates. It relates to the time when the first license was issue in New Jersey to a medical man.

*The President:* If there is no objection Dr. McAlister will be given the privilege asked for.

**License To Practice Medicine.**

By Dr. Alexander MacAlister, Camden.

One of Pennsylvania's historians, Gabriel Thomas, wrote of that province in its early days, "Of lawyers and physicians I shall say nothing because this country is very peaceful and healthy." This doubtful compliment cannot be applied to the province of New Jersey for, according to former Governor Samuel W. Pennypacker, president of the Pennsylvania Historical Society, the first medical diploma in America was granted by Christopher Witt, of Germantown, Philadelphia, to John Kaighn or Kaighn, of Haddonfield, in 1758. Even then, you see, the Germans, in the person of Christopher Witt, claimed intellectual precedence and superiority to the English, as represented by John Kaighn.

This diploma, granted by the German, Witt, to Kaighn, the Englishman, shows a trace of the old superstitious belief in black magic that was entertained by Dr. Faust to his apparent destruction by the devil less than two hundred years before. The diploma reads as follows:

"These may inform all whom it might concern that Mr. John Kaighn, of



Hatnfield, in the Province of New Jersey, hath lived with me (here under named), a considerable time as a disciple, to learn the arts and mysteries of chymistry, physick and the astral sciences, whereby to make a more perfect discovery of the hidden causes of more occult and uncommon diseases, not so easily to be discovered by the vulgar practice. In all which he has been very dilligent and studious, as well as in the administration of the medecines, and in various cases; wherein his judgment may be safely depended upon in all things so far as he follows my instructions. And hope he may in all things answer the confidence that may be reposed in him.

"Germantown, Febr: 20, 1758.

"C. WITT."

While there were some able physicians in the province of New Jersey prior to the granting of the first formal license, quacks abounded and the only method of medical education consisted of living a year or two with a physician as an assistant and then setting up as a practitioner.

The first license to practice medicine was granted on March 5, 1706, by Governor Richard Ingolsby, at Burlington, to one Richard Smith, and the next license appears to have been granted on May 24, 1706, to Nathaniel Wade.

During the French and Indian war, a battalion of English troops was stationed at Burlington and native physicians thereabouts soon became acquainted with the methods of English Army surgeons and physicians. The knowledge gained during this war led to the organization, in 1766, of the Medical Society of New Jersey, and among its founders was a Camden physician, namely, Dr. Isaac Harris. The Society in 1772 procured the passage of an act which provided that all applicants to practice medicine should be examined by two Judges of the Supreme Court who might call to their assistance any skilled physician or surgeon. This law was re-enacted in 1784 and continued in force until 1816, when a new charter granted to the State Society transferred the power of licensure to it.

The Society examined applicants by means of a board of censors in each county, and this continued with some changes by means of districts instead of counties, until 1866, when the censors were abolished.

The Society had its troubles in enforcing its authority, for in 1851 graduates of certain medical colleges, five in number, were

admitted by special legislation to practice in New Jersey without passing an examination and upon payment of a fee of five dollars while other applicants were examined by the Society censors and taxed fifteen dollars by the Society for a diploma. This condition of course, led to action by the other colleges and in 1854 they secured an act modify the Society's censorship. This tendency to restrain the Society went on until another act was passed without the knowledge of the Society and the gates were thrown open to the holders of fraudulent diplomas from bogus colleges. The Society, realizing how limited were its powers for the public good, surrendered its censorship to the State in 1866 and for twenty-six years, or until 1880, the State was practically uninfluenced by restrictive legislation.

The advances made in the requirements for medical practice in New Jersey since 1880 must be credited largely, if not entirely to the State Society.

To mention the devoted physicians who have made this Society and the professional standard in New Jersey what they are, would be so lengthy as to be wearisome and I shall not take time that may be better taken up with the profitable papers on the program. To me these gatherings bring out the value, not only of the experiences exchanged here, but also of personality, so well described by Dr. Oliver Wendel Holmes in lines on his favorite type of physician:

"With cheerful eyes  
Who all depressing circumstances defies;  
Who carries inspiration in his voice,  
And in whose coming life and health re-  
joice,

Ah, sad and sick, the suffering ones  
Who miss the touch and presence of a man  
like this,

Whose thrilling magnetism and hearty laugh  
Add to the remedies their better hal,  
Who reinforces courage and the will!  
And gives sure virtue to the doubtful pill."

Thank you for your attention.

*The President:* The time has arrived for the reception of presidents from other States, the delegates of other State societies and other guests. If there are any present will they please rise that we may receive them.

Dr. Davidson, of the District of Columbia Medical Society; Dr. Palmer, from Massachusetts; Dr. Brown, from Washington; Dr. Earle, from South Carolina, are present.

The Society is glad to welcome the representatives of the different State societies, and of the District of Columbia. We shall be pleased to hear from them. I take pleasure in introducing Dr. Lewis M. Palmer, delegate from the Massachusetts State Society.

*Dr. Lewis M. Palmer:* I have very great pleasure and I esteem it a very great honor to appear here to-day.

I have the very great honor, Mr. President, of bringing to you the greetings of a sister society, which can not boast of the number of years that you do. You were founded in 1766; the Massachusetts Medical Society is fifteen years younger, having been founded in 1781, when it received its charter; and I am happy to say that that charter bears the name of the then president of the Senate, Samuel Adams, and the Governor, John Hancock—familiar names in American history. Knowing that I might be called on to offer a few words, I consulted the archives of our State medical society and I found some facts which have been very ably attended to both yesterday by your President, and this morning by one of your members. One of your earlier presidents wrote to Dr. John Warren, of our Society—also a name of great historical interest—asking for a copy of the act which constituted the Massachusetts Medical Society, in 1886; showing, that is, that at that time your Society had not been incorporated as a Society. An act was passed in New Jersey in 1883; but it did not recognize the New Jersey Medical Society.

One of the first medical men in Massachusetts, Dr. Henry I. Bowditch, wrote a three-volume history of the Massachusetts Medical Society, in which are many letters from the early officers of your Society, Dr. Elmer being among the number of your eminent men mentioned. In my own State I am regarded as a sort of "ancient and honorable"; but I find that I am still a youth, compared with many able men I find here in New Jersey—men who have been in practice more than fifty years. One of them informed me without blushing that he has never taken a vacation in all that time; if you have a Committee on Conservation, I advise you to get busy and see that those who don't know enough to take a vacation after fifty years' practice are made to do so.

You have one feature which is very delightful—the wives, the mothers, the sisters and the sweethearts of the members come to your meetings. I wish we might

have it so in Massachusetts; but when we consider the fact that in Massachusetts we have a membership of 3,600, if we were to take all of our sweethearts along with us we would have to go down to Nanticoke Beach in order to be accommodated and get something to eat. If our numbers were smaller, I certainly would recommend the custom to our Society. I thank you for this very great pleasure, and for the privilege of bringing to you the greetings of the Massachusetts Medical Society and for the abounding hospitality extended to me.

*The President:* We shall be very glad to hear from Dr. Curran B. Earle, president of the South Carolina Medical Association, whom I now take pleasure in introducing.

*Dr. Earle:* Mr. President and Members of the New Jersey State Medical Society—It was with great pleasure that I accepted the invitation to meet this distinguished body, and am privileged to see how the oldest medical society in the United States conducted its affairs. I am a member of one of the infant organizations of the United States, only sixty-eight years having passed since the South Carolina Medical Association was organized. But, during that time we have not been altogether laboring in vain. South Carolina has produced some medical men that possibly New Jersey has heard of; and we think that our association is doing a very good work in the southland now. Of course, many of your members are familiar with Dr. Sims, Marion J., and several others who have been prominent practitioners in that State, some of whom have been dead only a few years; others, who in their last years, like Chisholm, of Philadelphia, were members of the Medical Association of South Carolina in its early days. I have been very much pleased with the custom, that the doctor from Massachusetts spoke of, that of entertaining the wives, the daughters, and the sweethearts of your members. We have not that custom in South Carolina, and, furthermore, I think we might improve by adopting your program and take up yours as the better of the two. We usually have forty or fifty and sometimes seventy-five papers in our program, and our session will last until late into night; whereas, I find here that your sessions are shorter, although I note that you have other meetings that extend well into the hours of the night, but not in the hall of your medical association.

South Carolina has time to emulate New Jersey in some other ways, and I promise



you gentlemen from New Jersey that this fall there is a fair prospect that South Carolina will cast its electoral vote for an eminent citizen of your State. I bring you, Mr. President, most cordial and hearty greetings from South Carolina, and I thank you for the distinguished honor that I have had in being with you to-day, and for your generous hospitality.

*The President:* We shall be glad to hear from Dr. Edward Y. Davidson, President of the Medical Society of the District of Columbia.

*Dr. Davidson:* Mr. President, Officers and Gentlemen—I bring you the felicitations of the Medical Society of the District of Columbia. I would be insensible to the finer emotions and gentler impulses which stir the human heart were I not responsive to the depth and breadth, the genuineness and wholesomeness of this magnificent reception. What an eventful period in our country's existence is covered by the life history of the Medical Society of New Jersey. It is hard to realize that the founding of the Society antedates by about ten years the birth of this Republic, but it is easy to understand why the Society has existed for 150 years, and why it has been a potent factor in the advancement of American Medicine. The Society was born of a hardy and intrepid parentage, during a critical and crucial period of Colonial life, when men had irrevocably resolved to throw off a foreign yoke and to establish in this fair land a free democracy; and no offspring of such forebears dared do otherwise than perpetuate the Society and carry forward with increased effectiveness its high mission. The fulfilment of that mission is known to all. With each advancement in medicine, members of this Society have been found in the foreground. Their names adorn the pages of our literature and they are honored the world over for their achievements in medicine.

It is a most pleasing mission I perform in paying to the Medical Society of New Jersey not only the honors of the seniority, but the honors of high achievement.

*The President:* We shall be glad to hear from Dr. John R. Brown, President of the Washington State Medical Association.

*Dr. Brown:* Mr. President, Fellows and Members—When I received the kindly invitation to be the guest of this Society at this auspicious time, I had but slight hope that I could accept it. But things shaped themselves in such a way that I was able to do so and your 150th anniversary was a

magnet that drew me. I informed some of my people that I had saved up about thirty Sundays that I was to spend in "reckless abandonment," according to our Western style. Those thirty Sundays are almost gone. I advise those of you that haven't taken a vacation for at least fifty years to follow my example and take a number of Sundays and bunch them together and spend them with recklessness, regardless of consequences.

I bring you most cordial greetings from one of the youngest State medical societies. You have all been boasting of your age, rightly so, and we can boast of our youth. We are to meet in Seattle next month at our twenty-seventh annual meeting. The medical profession of Washington numbers about 1,500 members, 900 of whom are members of the State Medical Society. We have received a great deal from your own Society. Your method of organization is practically the same, founded upon the plan of organization of the American Medical Society; but we were organized before the American Medical Association stepped in and unified the process.

There are a few things we are doing out there which, perhaps, might be interesting for you to know, Mr. President. Ours is a new state. The employment of the people in a new State like ours is fraught with a great deal of danger. Many accidents take place, and the State soon came to the conclusion that it was absolutely necessary to insure its laborers in the hazardous occupations; so we have a State insurance.

We have a medical defence fund to which we contribute \$10,000 a year; we defend all our members against unjust malpractice suits, and I am happy to state that we have to-day defended more than a hundred suits, in none of which has a judgment been obtained by the plaintiff. This has helped to unify the medical profession in such a way that it is a most delightful thing to attend our meetings.

Every third year Oregon, Idaho and Washington meet together in a tri-State meeting, at which things that concern our welfare are discussed, scientific papers read and social functions are enjoyed; in that way we have formed a sort of Northwest Medical Empire, which is doing a great deal for the uplift of the medical profession. In these three States, with approximately 4,000,000 people, we have only one medical college at the University, in Portland, Oregon, and we don't need any more medical colleges at present. We want a

few medical colleges throughout our country, but we want only good medical colleges that will send out thoroughly equipped doctors, and that is what we are working for, and what your Society has been working for ever since its foundation.

You cannot imagine how much I appreciate the kind and generous reception which I personally have received at your hands, your warm hospitality in such a delightful summer resort, and, Mr. President, I want to extend to you an invitation to attend our next annual meeting which opens in Seattle July 12th, and if you get too warm we will take you where we can cool you off up in the snow. It will take only about one hour's delightful automobile ride from the coast, or Seattle, to land you among eternal snows on Mt. Tacoma. I thank you.

*The President:* It gives me great pleasure now to introduce Dr. George J. McKelway, President of the Medical Society of our sister State Delaware.

*Dr. McKelway:* Mr. President—Delaware has been very good to me. I have only been in the State a little over four years. If you had asked me to talk about New Jersey I could do it much more fully, with much more knowledge, than I can about Delaware. I have had to read some about Delaware, but New Jersey I knew. The Delaware Society is not as old as your Society, but it is rather aged, having been incorporated in 1789. I believe it is the third society in point of age in the United States, your own Society and that of Massachusetts having antedated it. Delaware is a good little State. In its time it has turned out many good men. The McLeans, the Bayards, the Salisburys, the Grays, have been great, good men. George Gray still remains.

I had not expected to say anything, so you will have to give me a little time to think as I go along. As I intimated a moment ago I was almost born a Jerseyman. I want to explain that. My old Scotch grandfather came from Scotland to this country and settled in Trenton in 1818. He was a graduate of the University of Glasgow. He practiced medicine in Trenton from 1818 to 1877, died past ninety years of age; the last thirteen years of his life that old man of iron went about on two crutches with an intercapsular ununited fracture. He had a wagon built that he could step into from his crutches, and went on practicing medicine. Then my father practiced in New Jersey practically all his life. He made the mistake of going West once when he was a young

man. Possibly you have heard the story of the man who was asked where he was born, and he said he was born in the United States. Somebody said what State, and he said, "Well, one of the Western States." "What State was it?" He hesitated a minute, and then he looked at the audience and said, "Missouri! Now, darn ye, laugh!" It was my misfortune to have missed being born in New Jersey by two years. All my boyhood days were spent in New Jersey; the little school education that I had I obtained in the Model School at Trenton, where I graduated.

My father was of the Regiment of the 8th New Jersey during the Civil War. He was born in Scotland, but in spite of the fact that my father was born in Scotland, I want it thoroughly understood that I am not a Scotch-American; I am an American-American. My old grandfather showed where he stood, for he named his first son George Washington McKelway. I have been talking a lot about the McKelways, but you didn't send me the invitation to honor anybody by the name of McKelway, but to honor the Medical Society of Delaware.

Delaware is a queer little State. It consists of one city and a good many villiages. Wilmington has got about a hundred thousand people in it, including the DuPonts, and the next town in size is the town in which I live, Dover, which has about 5,000. There are three counties in the State, of which Wilmington is practically one—Newcastle County. Then there is Kent County and Sussex County. The State of Delaware has quite an important history in the formation of this country. When the Declaration of Independence was brought up in the Continental Congress it was signed or ratified by most of the representatives of the States; but some of them held off. Pennsylvania and South Carolina voted in the negative, and Delaware, having three representatives, and only two present, tied. The third representative down in the southern part of the State, probably 125 miles from Philadelphia, was in favor of the ratification of the Constitution and he was sent for. You have heard a good deal about Paul Revere's pleasant little ride through a few Massachusetts villages on good roads and on a clear night, and you have heard something of Sheridan's ride twenty miles along the turnpike; but this man started in the middle of the night, with no soldiers to cheer him, with no excitement, getting to be an old man in bad health, dying not long after with carcinoma of the



face, and rode this 125 miles through the night and through the mud. When he arrived the next morning Congress was in session. He had a moment's talk with his colleague and then mud-splashed, haggard, exhausted, said: "Delaware votes for Independence!" South Carolina immediately reconsidered; they found that two Pennsylvania delegates were absent who were against the Declaration of Independence; they reconsidered and carried the ratification, and the Declaration of Independence was signed by every State in the Union, largely because of the dramatic entrance of Caesar Rodney, and of his exhortation.

I think I have talked enough. I am delighted to be here. I am delighted to meet the friends that I have known in years gone by and the new friends I have made here. I thank you all for the kindly reception and hospitality you have extended to me.

*The President:* We will proceed to the regular order of business for this morning's session—a paper by Dr. Thomas N. Gray:

THE MORBIDITY OF CHILDHOOD AND THE MORTALITY OF THE SECOND AND FOLLOWING DECADES.

*Thomas N. Gray, East Orange.*

Discussed by Drs. Bertha M. Johnson, H. H. Davis, Gordon K. Dickinson, Alfred A. Hess, Julius Levy, J. Meigh, Alexander Marcy, Jr., Linn Emerson, H. Gross, Britton D. Evans.

*Vice-President Harvey:* Since our morning session began, I understand that the President of the New York State Medical Society, Dr. Martin B. Tinker, is present. We would be very glad to hear from him.

*Dr. Tinker:* It gives me a great deal of pleasure to bring you greetings from the Medical Society of the State of New York. I was obliged to be a little late in arriving, because living in the upper part of New York State I had to travel a little over three hundred miles to get to New York City last night, and I found that the train to Asbury Park that would get me here in time left at four o'clock in the morning; so I ventured to take a later train at eight o'clock.

I have been greatly interested in the discussion this morning. We realize fully, I am sure, that the problems of the State Societies do not differ essentially in different States. I come here hoping to learn more of your organization and of your methods which I trust will be helpful in our own State.

Although I represent perhaps the largest membership of any of the States, I have discovered, by a rather slight study of conditions, that New York State has not, by any means, all that is good in organization, and we have a great deal to learn from the study of the methods of other States. We all appreciate the importance of organization. The progress of medicine is growing to depend not upon the brilliant work of the few men; the progress of the world has never come from communities where the average level was low and a few brilliant men jumped to the top. It has come from these communities in which the average level was high. And in our work we will have to look to the better organization of our forces for postgraduate work and teaching, for medical legislation such as you have been speaking of this morning. For better qualifications of our profession, for defence against malpractice, and a hundred other problems which are of vital importance to us all.

Looking over the history briefly, I find that your Society is about fifty years older than the Society of the State of New York. We may properly look to you as our medical grandmother. I am glad to see that there is evidence of a great deal of vigor in the State Society, and, apparently, you are just coming into your own in your State organization. We are close neighbors. The State line is so very poorly marked in places that we scarcely realize that one man belongs to New York and the other to New Jersey; and I trust that the feeling will increase.

I want to say that our next meeting in the State of New York is to be held in Utica next April, the day has not yet been set; but I trust that a large number of you will find it possible to attend our meeting. I believe it would be of mutual benefit if we were to get together in this way. Our macadam roads from the State border are in very good condition; the water-way up the Hudson and the railroads will take care of you, if you don't choose to come in your automobile. I assure you that some members of our reception committee will be ready to receive you and give you a very hearty welcome if you will come. I thank you for the privilege of being with you this morning and for your very cordial reception.

*Vice President Harvey:* Since our meeting was called to order a delegation from our neighboring State of Pennsylvania has arrived, and I understand that it has come to see us, twenty-five strong. We welcome

you, gentlemen, and are heartily glad to see you, and I am going to request Dr. McAlister to introduce you. In doing so he asked Dr. J. B. McLean, President of the Philadelphia County Medical Society, to take the floor and say a few words to us.

*Dr. McLean:* Mr. President of the Medical Society of New Jersey—When the delegation came to Asbury Park from Philadelphia, the president of the county medical society was not told that he was to be asked to address your Society. We had hoped to have with us the president and the president-elect of the State Society, but they were not able to come. As president of the county medical society I bring the greetings of the Philadelphia County Medical Society. As you all know we take credit as being the largest county medical society in this country, having a membership of about 1,700. We feel that we have a close association with the New Jersey Society. A great many of us often come across the border. We come to your seashore resorts, we send our patients there, and by the courtesy of the members of your profession we at least call in and say "How do you do?" to them.

We were all very much interested in your discussion, which has interested us very much, and that is the subject of Legislation. We have been largely objectors in the past. We have gone to our legislators and said that "You have not done the thing that we have wished," and they have said, "Here come the doctors, and they don't know what they want." But I think we are determined for Philadelphia, that we have reached the point where we will go to our legislatures and tell them what we want. We won't object. We won't tear down; but we will certainly try to build up. We have a great many committees and we tell them we don't want your reports unless they come as recommendations, and that the recommendations must be definite ones made after a great deal of study by the committee. Then, if we are impressed by the recommendations the society adopts them. Then we go to our legislators and tell them just what we think we ought to have.

I will speak just for a moment for the State Medical Society. We will hold our session in Scranton on September 18th, and we would be very glad, indeed, to have any members of the New Jersey State Society to meet with us. Now for the County Medical Society—you men are welcome to come to any meeting of the Philadelphia

County Medical Society. If you ever see our roster, if there is any subject that is of special interest to you, and we feel we have had some very good ones, come and hear what we have got to say, and what our conclusions are. Just the same as we expect to learn from something that you have done here.

*Vice-President Harvey:* The Director of Public Health of the City of Philadelphia, Dr. Wilman Krusen, is also present. We will be very glad to hear from him.

*Dr. Krusen:* Mr. President, Ladies and Gentlemen, Members of the New Jersey Medical Society—We come to-day from Philadelphia, a little band, to extend to you our heartiest congratulations on your attaining the age of 150 years without any evidences, whatever, of senility. One of your speakers has referred to one of the shortest sermons on record, and this reminds me of the wheelright story—the greater the spoke, the longer the spoke, the greater the power; and as your lunch hour is approaching, we have no desire to encroach very much on your time.

The problems which confront a health officer are many; they are perplexing and they are complex. In the city of Philadelphia we have an area of 131 square miles and a population of 1,700,000; and when I heard some of the speakers mentioning the fact that individuals who are suffering from quarantine, or who are being subjected to regulations of the department of health, are sometimes displeased, I felt very much at home. It is very hard for us to make the families of those patients who have an infectious or contagious disease realize that the rights of the individuals cease where the rights of society begin. So there is no problem that has confronted your health officers that we have not had to deal with. Mention has been made of the relationship of your legislative bodies to the health departments. I find that a great deal can be done by a diplomatic presentation of facts, and by a judicious use of publicity, and a wise education of public sentiment in these matters. In the city of Philadelphia we are feeling rather optimistic at the present time upon this subject. We have, at the present time, \$4,000,000 to expend within the next few years for the improvement of our great Philadelphia General Hospital, for the erection of a sanatorium for tuberculosis, for the erection of a new hospital for the insane. Our great municipal institutions are overcrowded. In 1830, when our great hospital was erected, we had a population of



260,000; our population has rapidly grown, our wealth has increased, and I presume very many have failed to realize that they owe a duty to the indigent, the insane and to the sick. At the present time we have had an awakening of public conscience to the needs of our unfortunate dependents, so that we feel that we can improve our conditions so that we can compare, possibly, to a certain degree, with some of your great institutions in Newark and elsewhere in the care of tuberculous patients. I do not intend to go into those points; we are simply here to wish you godspeed and to know that we sympathize with you in your trials and we want to share your triumphs.

*Dr. McLean:* We have with us a delegate to the New Jersey State Medical Society from our State Society, and a very active and brilliant member, Dr. Robinson.

*Dr. E. T. Robinson:* I bring you the cordial greetings of the Medical Club of Philadelphia, and also of the Pennsylvania Society for the Prevention of Tuberculosis. In reference to the latter society let me offer a few words.

We are doing a great deal in ferreting out the advanced open cases and educating the family as to the great necessity of sequestration, of having them forcefully separated. The law in some of the States permits the forceful removal and continuous separation of these foci of infection. We have lectures on tuberculosis delivered to every school in Philadelphia.

Incidental to stating to you how well such efforts may be supported, our society is the oldest tuberculosis society in the country; but the thing I would mention is that we have no trouble in getting all the money we want. Money has come to us when they have recognized the value of our work, and we only have to consider the best ways of expending this money. We have quite a number of field workers; we have a number of inside workers; we have a number of trained nurses, and a number of physicians all the time promoting the knowledge of the care of the advanced tuberculous and the prevention of tuberculosis. I thank you very much for the warm reception you have given us. It is my personal pleasure to be with you to-day as well as the delegates representing our State. We certainly do bring you every congratulation on attaining, as Dr. Krusen has said, the senile age without senility.

*Dr. Harvey:* We shall be glad to have a few words from Dr. J. F. Sinclair.

*Dr. Sinclair:* Mr. President, Ladies and

Gentlemen—It is a great pleasure to each and every one of us from Philadelphia to have this opportunity of coming here and joining with you in this happy celebration of your 150th anniversary. Dr. Robinson has just, in words very much better than any I could use, told you of the intensive work that is being done in the different lines in Philadelphia. He has suggested that I say a word about the intensive work that has been done in connection with the infant welfare work. This intensive work has been attempted by several organizations, we believe that that is the way in which to accomplish the most good in the community. The bureau of health has done work along different lines through their visiting nurses. The Child Federation, which groups together some eighty-five or ninety organizations in Philadelphia doing child welfare work, has undertaken a very distinctive effort along this line. Their idea was to first take a single block, to make a thorough study of that block; first, a study of the babies and those up to six years of age—school age; and then to study the older children; then to study the fathers and the mothers, and those other members of families and households that were definitely attached to the family; in other words, to know, as far as could be known, every detail of the life of each individual within that city block.

That was done by engaging, on full time, a doctor, with several nurses, three nurses I think, in the beginning. Then, after the block was studied, distinct results were tabulated; then they went on to the next block, and there has now been a careful study along such lines made of some twelve or fifteen city blocks. The health center of the Child Federation was placed right in the center of this work, where it could be carefully supervised by the organization. And now, after having carried this work on, the city has again come forward most admirably and through the Bureau of Health has joined in this work, and has taken over the responsibility, to a large extent, of these efforts, and we believe that in this way we are not only reaching the people in the section, and I might say that it is in an Italian quarter where this has been started, where such work is most desperately needed, that we are not only reaching the people most definitely and successfully, but that the work in itself is an inspiration and a delight to all those connected with

it. I thank you for this opportunity of speaking.

*Vice-President Harvey:* We return the thanks of our Society to the Philadelphia delegation for their courtesy in thus coming and greeting us; and I assure you that we are very proud of having received you.

One or two notices and the meeting will be adjourned. The photographer desires to take a photograph and the exhibitors in the basement request the inspection by the Society of their exhibits.

The meeting will stand adjourned.

2.30 P. M.

#### MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order at 2.45 P. M.

*The President:* If there are present any of the medical men of sister State societies we should be glad to have them take seats upon the platform if they will rise and come forward. If they come in afterwards, and the President is notified, he will invite them again at another time.

*David C. English:* Mr. President, I would report from the Board of Trustees that they recommend that our Secretary's salary for the coming year be the same as last year: five hundred dollars. Seconded.

*The President:* Moved and seconded that the salary of the Secretary be the same as last year. Carried.

*The President:* It is now in order to have the report of the Nominating Committee.

*Dr. Johnson:* The Committee on Nominations wish to make the following report:

#### Report of Nominating Committee.

The Committee on Nomination wish to make the following report:

President—Dr. Philip Marvel.

First Vice-President—Dr. W. G. Schauffler.

Second Vice-President—Dr. Thomas W. Harvey.

Third Vice-President—Dr. Gordon K. Dickinson.

Treasurer—Dr. Archibald Mercer.

Recording Secretary—Dr. Thomas N. Gray.

Corresponding Secretary—Dr. H. A. Stout.

Committee of Arrangements—Dr. George F. Wilbur, Dr. William G. Schauffler, Dr. Edwin Field, Dr. Irwin H. Hance, Dr. William W. Beveridge.

Councilors—First District, Dr. C. C. Beling; Second District, Dr. John C. McCoy; Third District, Dr. Wm. A. Clark; Fourth District, Dr. W. H. Izard; Fifth District, Dr. James Hunter, Jr.

Committee on Program—(One member), Dr. George E. McLaughlin.

Committee on Scientific Work—(One member), Dr. Alexander McAllister.

Committee on Legislation—(Two for 3 years), Dr. L. M. Halsey, Dr. H. H. Davis.

Publication Committee—(One member), Dr. Wm. J. Chandler.

Committee on Hygiene and Sanitation—(Two for 3 years), Dr. H. G. Miller, Dr. George E. McLaughlin.

Delegates to A. M. A.—Dr. L. M. Halsey to fill the unexpired term of Dr. Robert M. Curts; Dr. William S. Lalor full term.

Alternate Delegates to A. M. A.—Dr. Francis H. Todd, full term; Dr. Emery Marvel, 1 year.

Delegates to State Societies—Dr. W. Blair Stewart, Medical Society, Pennsylvania. Other delegates to State societies will be given credentials by the Secretary of the Society on application.

Asbury and the New Monterey were unanimously chosen the place and hotel of the 1917 meeting.

The exact date of the 1917 meeting is left at the discretion of the Trustees of the Society.

Ralph H. Hunt, Secretary.

*The President:* You have heard the report of the Nominating Committee; are there any other nominations to be made by any member of the Society?

*The President:* If there are no objections, as there are no other candidates, a motion that the Secretary cast a ballot will be in order. Motion carried.

*The President:* It is unanimously moved that the Secretary cast a ballot for the ticket as nominated.

*The Secretary:* Gentlemen of the House of Delegates, your Secretary casts a vote for the names given by the Chairman of the Nominating Committee as just read to you.

*Dr. Fisher:* Does that include the place of meeting for the coming year?

*The President:* It includes the ticket as presented by the Nominating Committee, also their recommendation as to the place of meeting, but leaving the date of the meeting in the hands of the Trustees.

There is some Unfinished Business. Is the Chairman of the Business Committee here?

*Dr. Sutphen:* This committee is not ready to report at present.

*The President:* Is Dr. Maria M. Vinton present? The report by Dr. Vinton has not yet been presented.

#### Report of Chairman of Public Health Education Committee.

At the beginning of the year each county society was informed again of the work of this committee and requested to appoint a committee to co-operate with it. Again there were few responses.

Morris and Essex Counties have done aggressive work.

This committee compiled, at great labor, a list of lecturers who were prepared to speak on Public Health subjects throughout the State. A copy of this list is appended. This list was sent to each county society and circulated at the Annual Convention of Congress of



Mothers, in which are included all the home and school associations of the State.

It was decided to be best to concentrate the work of the year on co-operation with the Congress of Mothers and the State Federation of Women's Clubs whose Hygiene Committee, under the able chairmanship of Dr. Ellen L. Smith, of Salem, carried out an extended campaign of baby-week lectures and exhibits. With these campaigns this committee has co-operated as far as possible.

The most extended campaigns with which we have been connected are those in Morris and Essex counties. Essex County Medical Society, Dr. Armin Fischer, chairman, has just completed its work. Lectures have been given in the auditoriums of two large stores, Bamberger's and Hahne's.

The Committee for Public Health Education offers the following lectures to the Home and School Association, Women's Clubs, and other organizations interested in the prevention of disease and the preservation of health. The expense of lectures should be met by the club receiving the lecture. Large and "well-to-do" clubs may make a pecuniary acknowledgment to the lecturer.

When making arrangements for a lecture please address the secretary of the committee. Lectures and subjects:

Dr. Frederick C. Horsford, 305 Belleville avenue, Newark—Some Preventive Measures Against Disease. A study of mental conditions in relation to physical ones.

Dr. Thomas N. Gray, 22 Halsted street, East Orange, chief of the division of tuberculosis of the Newark Health Department—Prevention of Tuberculosis; Saving the Babies.

Dr. Armin Fischer, 42 16th avenue, Newark, Chairman Essex County Medical Society Committee on Public Health Education—Physical and Mental Examination of School Children (in German).

Dr. Guy Otis Brewster, Dover—Care of the Eye, Ear, Nose and Throat; Causes of Deafness and Impaired Vision; Necessity of Examination of the Special Senses in Schools.

Dr. H. W. Kice, Wharton—Conservation; Uneducating; Mothers and the School Room; Wasted Energy.

Dr. Helen F. Upham, Asbury Park—Eye Strain; Care of Eyes, Ears, Nose and Throat; Colds in the Head.

Dr. Edward Guion, Atlantic City, late health officer—The Health Officer's Problem.

Dr. Maria M. Vinton, 15 Halsted place, East Orange, medical school inspector New York City, Division of Child Hygiene—Health and Development of Children; Prenatal Hygiene; The Duty of the Mother to the School Inspector; Foods and Nutrition for Babies and Children.

Baby-week lectures were opened by the State Chairman (Dr. Maria M. Vinton) at Bamberger's auditorium, speaking on "Prenatal Care," followed by Dr. Frank D. Pinneo, on "Care of the Baby," and Dr. Muncio on "The Right to be Well-born." Dr. J. Levy spoke on the same subject; Dr. T. N. Gray spoke on "Infant Feeding," and Dr. E. G. Wherry on the same subject. There were also open-air lectures and movies in the parks.

Outside of these baby-week campaigns five lectures were given by Essex County.

Dr. Julius Levy spoke on "Education in Hygiene" to the Ray Palmer Club.

He also spoke at the Lyceum on "Prevention of Infant Mortality."

Dr. T. N. Gray spoke to the Workmen's Circle on "Prevention of Tuberculosis."

Dr. Sara Ingerman spoke to the "Women's Labor Circle on "Prevention of Infective Diseases."

Dr. Armin Fisher spoke to the Turn Verein on "Physical and Mental Education at Home and In School."

Later Dr. Levy spoke in the same club on "Care of Children."

Report of Dr Emma C. Clark, Dover, of Baby Week in Morris County, March 4-11, Dover, N. J.

Mention of baby-week from pulpits.

Numerous press notices.

Addresses by Dr. F. C. Horsford, of Newark, on "Preventive Medicine."

Dr. T. N. Gray, of East Orange, on "Infant Mortality" and "Sex Hygiene."

Miss Forbes, Social Service Nurse, spoke on "Sex Hygiene. (Two addresses).

Miss Tillyer, Visiting Nurse of Dover, on "Better Babies. (Two addresses).

Local exhibit for welfare work—Cartoons, banners, etc.

Literature distributed from State Board of Health, Dover Board of Health, Health and Hygiene Bureau of N. Y. City, and Metropolitan Insurance Society.

Talks in schools.

Baby contest in which fifty-two babies were entered. \$15 in money prizes awarded.

Literature sent to mothers, foreigners and midwives.

Boonton and Chatham also had baby-weeks.

Result probably a mother's clinic in Dover.

A most inspiring record of hard work done by our Secretary of State Committee on P. H. E., who is also a member of the Hygiene Committee of the State Federation.

Dr. Ellen L. Smith, of Salem, N. J., Chairman Health Committee of the State Federation of Women's Clubs, gives to the physicians of New Jersey credit for work which they have not themselves reported. She says "the very valuable and practical assistance given the baby-week celebrations throughout New Jersey (by the physicians) should certainly be reported as work for the Public Health Education Committee. The occasion was celebrated in seventy communities, and in every one the physicians took a leading part, making addresses, taking part in clinics, conferences, and baby contests, and giving demonstrations. Had it not been for the assistance of the physicians and nurses the celebrations never could have taken place. If you find an occasion where it will be appropriate please convey the thanks of the N. J. State Federation of Women's Clubs to the State Medical Society and to your committee for the assistance they gave during the baby-week campaign."

In closing this report of the Public Health Education Committee of the N. J. State Medical Society, and at the same time closing my work as chairman of this committee, I wish to bear witness to the untiring devotion of the chairmen of the county committee in Morris and Essex counties, and to thank those officers and their secretaries; and also to thank the Secretary of this Society, Dr. T. N. Gray, for his assistance and encouragement. At times, when it has seemed almost impossible to go on with

this work, on account of the lack of general co-operation by the county societies, his aid and encouragement has been most valuable.

Respectfully submitted,  
Maria M. Vinton, M. D., Chairman.

*The President:* This report is now before you; what is your pleasure?

*Dr. Voorhees:* I move this report be accepted and placed on file.

*The President:* Moved and seconded that the report be accepted. Carried.

*The Secretary:* Dr. T. W. Harvey presents the following:

#### House of Delegates.

To the Medical Society of New Jersey.

Gentlemen:

I hereby respectfully present my resignation as Permanent Delegate from the Essex Component Medical Society.—Yours,

Thomas W. Harvey.

*The Secretary:* I move the acceptance of the resignation.

*The President:* You have heard the motion. All in favor signify by saying aye; contrary, no. Dr. Harvey's resignation as Permanent Delegate from Essex County is accepted.

*The Secretary:* I wish a reconsideration of the vote of this morning by which the paper of Dr. Dickinson was referred to a committee of three, if someone will second it. Seconded.

*The President:* Moved and seconded; it is now open for discussion; any discussion; if not, all in favor of the reconsideration of this motion will signify it by saying aye; contrary, no. Carried.

*The Secretary:* I move you that this paper be referred to the Special Committee on Standardization of Hospitals, in place of to a committee of three. Seconded and carried.

*The Secretary:* The Judicial Council presented the following:

Asbury Park, N. J. June 21, 1916.

Excused for non-attendance at this session, 1916, Dr. J. K. Bennett, of Camden County, and Dr. William H. Hicks, of Essex County. Both on account of illness in family.

Wm. H. Iszard,  
Chairman of Jud. Council.

*Dr. McAlister:* Could we reconsider the place of meeting? This place, I understand, has been selected for next year; and there is general dissatisfaction in regard to it; I think the majority of the members are in favor of going to Spring Lake next year.

*The President:* Wouldn't it be better to leave that in the hands of the Board of Trustees, if it is thought best to make any change?

*Dr. Johnson:* I second that suggestion.

*Dr. McAlister:* I withdraw the motion.

*Dr. Dickinson:* There are several things I would like to talk about. One is, I thought that I would like to thank you gentlemen for electing me as third Vice-President. Words cannot express how deeply I feel the honor, especially as the nomination was unexpected. Another thought is on my mind: How can the profession be brought into a more complete and better organization? I have spoken to a number of the members of a plan. They seem to think that it is not an idle thought. If it is so, I want you to kill it. If it is not, I want some action taken. Perhaps the three Vice-Presidents and the President can work it out in the course of the year; so that at the end of that time we can know better what we can do, and should not do, and should not attempt. But I still feel that we should come together as a body, perhaps with the Secretary better paid, who would be to us what a superintendent is to a hospital; perhaps in this way we might get better legislation, better education, better hospital work and better all-around professional work.

Again, I take the cue that I should resign as a Permanent Delegate, and herewith present my resignation.

#### To the House of Delegates.

Gentlemen:

I herewith resign as Permanent Delegate from Hudson County.

G. K. Dickinson.

On motion the resignation was accepted.

*Dr. Johnson:* Is the House under the head of Unfinished Business, or New Business?

*The Secretary:* New Business.

*Dr. Johnson:* I have a matter I would like to present.

Whereas, An appropriation of \$150,000 was made by the last legislature for the relief of the seriously overcrowded condition existing at the State Hospital at Morris Plains, where nearly 2,800 persons are crowded into space in which there should be but 1,600, and

Whereas, This overcrowding operates detrimentally to this class of unfortunates, and constantly menaces their safety and makes recovery almost impossible, and

Whereas, This order of overcrowding defeats scientific remedial treatment and causes much concern to relatives and friends and all persons who desire this class of the State's helpless provided with humane and treatment, and

Whereas, The names of commissioners appointed by the Governor, to take charge of the appropriation made were by some oversight not sent in for approval, the commissioners were



not confirmed and have no right to use the appropriation in the manner provided by law, therefore

Be It Resolved, That this, the New Jersey State Medical Society, regularly assembled respectfully requests the Governor of New Jersey, the Hon. James F. Fielder, to call a special meeting of the Senate for the purpose of receiving and confirming the appointment of the said commission.

*Vice-President Marvel*: Do you offer that as a resolution?

*Dr. Johnson*: I offer it as a resolution. Seconded.

*Vice President Marvel*: The resolution is now before you for discussion.

*Britton D. Evans*: I come before you in response to the invitation for discussion; because I think probable, being closely connected with this institution and its work, that I am naturally more familiar with this proposition than the most of you, although I think you all know its general application, and are fairly well acquainted and quite conversant with it. The situation is this: In the Legislature of 1915 a bill was introduced which provided for an appropriation of \$150,000 for the purpose of giving relief to the over-crowded condition at Morris Plains. The bill provided that the Governor should appoint commissioners to be confirmed by the Senate, who should take charge of this appropriation. This commission was to select a suitable place, provided with a good water supply, reasonably well located in relation to transportation facilities, and consisting of a tract of land of fertile character. The bill passed and became a law; but the legislative committee failed to put the \$150,000 it carried, into the budget; therefore, when the appropriation bill was passed, on the final day of the legislative session, there was no provision made for this appropriation.

It seems that it was necessary to have the amount included in the budget. I was naturally interested in the matter, and at the same time ignorant of the necessity of having it incorporated into the budget, thinking that the act itself was all that was necessary. When the Legislature of 1916 convened, I went before the Committee on Appropriations, as did a number of other people who were very much interested, and they put the \$150,000 in the budget of the appropriation bill and it passed. Now, then, we thought that everything was all right, the Governor having previously appointed the commissioners, but since there was nothing out of which they could draw pay for expenses, the appropriation not

having been made in 1915, he could only ask them to go around the State gratis and try to find a suitable location; but they had no money with which to secure options on it, to appoint a secretary, or to do any work under the act.

I was not aware, nor were other people deeply interested in this matter, of another disturbing fact, namely, that the commissioners had not been confirmed. Now, then, when the 1916 Legislature made the appropriation in lawful form, thus making it available, there were no commissioners under the law. There are at present, no commissioners who have a right under the law to take charge of this appropriation. I had a conversation with the Governor; he did not promise me that he would call a special session of the Senate, but he did not say he would not. His words to me, as nearly as I can remember, were: "I agree with you that this is a serious matter, and I will take the matter up carefully and see what can be done." I went so far as to tell him that the Society had previously endorsed or passed resolutions, which had been sent to him, to the president of the Senate and to the speaker of the House.

In response to that, he said he would take the matter up. This was just before I went out to St. Louis and I have not seen him since. I told him that I might be called upon to say something in connection with the matter at this session of the State Medical Society and again reminded him of the action taken on it at the 1915 meeting. Now, the proposition is before us in this way: I feel that if this Society sends the Governor this resolution, it will have force; and if he agrees with the resolution, he will call for a special meeting of the twenty-one Senators. If twelve of them respond, in fifteen minutes they can approve his appointments and the result will be a world of good for a suffering class of humanity, who are unable to help themselves and unable to come before you, or the Legislature, or the Governor, for help.

And I hope that you will pass this resolution in behalf of these people, not in behalf of me, personally; because the only gratification I can get out of it, is the consciousness that I have used my best efforts to have something done that my conscience tells me is right for this sadly afflicted class of our citizens. (Applause).

*Dr. Johnson*: I would like to offer an amendment to the motion, which is, that a copy of the resolution shall be sent to the Governor and to all the Senators.

*Vice-President Marvel:* You have heard the amendment; are you ready for the question? Amendment carried.

*Vice-President Marvel:* Do you wish to discuss the main question further, as amended? There being no one to discuss it further, the main question as amended is now before you—that this resolution be endorsed by this Society and sent to the Governor and Senators. Those in favor of this motion will say aye; contrary, no. It is so ordered.

*Dr. Alex. Marcy:* While Dr. Dickinson is a very aggressive man, he is also a very modest man and, like all other nominees of the State Society, as Third Vice-President he wants to justify the confidence that you have placed in him and wants to do something. His remarks this morning, and again this afternoon, lead me to believe that he would like very much to inaugurate a campaign of co-operation and unification among the medical brethren of New Jersey; and, therefore, I would move you, sir, that the President of this Society, together with the three Vice-Presidents, be authorized to visit the different component societies, at different times during the coming year, for the purpose of placing before the members of these societies the need and necessity of closer co-operation, and that the necessary travelling expenses shall be borne by the Society. Seconded.

*Vice-President Marvel:* The motion is before you; do you wish to discuss it? If there is no discussion of the question, those in favor of it will say aye; contrary, no. It is so ordered.

Is there any further New Business?

*The Secretary:* No.

*Vice President Marvel:* The House of Delegates will now rise, and we will enter into the General Session.

3.30 P. M.

GENERAL SESSION.

ADDRESS OF THIRD VICE-PREIDENT—Organotherapy.

*Thomas W. Harvey, Orange.*

ORATION IN MEDICINE—Classification, Prognosis and Treatment in the Nephritides.

*Prof. Martin H. Fischer,*

*University of Cincinnati.*

8 P. M.

BANQUET AT NEW MONTEREY HOTEL.

Presentation of a loving cup to Dr. Archibald Mercer on completion of twenty-five years' service as Treasurer of the Society.

ty-five years' service as Treasurer of the Society.

Addresses by Rev. Dr. Charles A. Eaton, representing the clergy; Hon. Robert H. McCarter, representing the legal profession; Prof. Hobart A. Hare, representing the medical profession, and Rev. Dr. John H. Raven, representing the educational institutions.

These will appear in the October Journal.

Thursday, June 22, 1916, 9 A. M.

MEETING OF THE HOUSE OF DELEGATES.

*President Chandler* called the meeting to order at 9.43 A. M.

*The President:* Is there any Unfinished Business?

*The Secretary:* Report of the Business Committee.

*The President:* The Business Committee will report.

*Dr. Sutphen:* Mr. President and Gentlemen—There are some matters referred back to the Business Committee for more explicit conclusion; one was the subject of alcohol. There are two papers that I think were not read by the Society, or to the Society. One was a communication to Dr. Gray from Miss Strong, June 20, with an enclosed suggestion as to resolution to be passed by this Society.

*The Secretary:* The Business Committee reported on this at the meeting of the House of Delegates yesterday afternoon and moved that it be referred to the Committee on Public Health Education, which motion was carried. The committee can, however, make further report if it wishes.

*The President:* The Business Committee will make their report.

*Dr. Sutphen:* Your committee did not feel justified in taking such a decisive step as was indicated in the resolution suggested, but would suggest one step forward, at least, and offer this resolution and move its adoption. Seconded.

Resolved, That in view of the fact that there is a growing knowledge of the ill effects of alcohol—both in disease and health—the State Society wishes to put itself on record as favoring its use only in the most urgent cases, and where, in the opinion of the medical advisor, life itself is at stake.

*The President:* This resolution of the Business Committee is now before you; what is your pleasure with regard to it. All in favor say aye; all opposed, no. Adopted.

*Dr. Sutphen:* Another matter which was



sent back to the committee was the subject of tuberculosis in children. It was a report of the Committee on Tuberculosis in Children. Your Business Committee would suggest this resolution:

Resolved, That our Committee on Public Health Instruction be urged to take into consideration, especially the subject of the prevention and amelioration of tuberculosis in childhood, and to confer with the State Board of Education and our Committee on Legislation as to the best means of saving the lives and health of our children from this scourge.

Committee on Public Health Instruction be urged to take into consideration, especially the subject of the prevention and amelioration of tuberculosis in childhood, and to confer with the State Board of Education and our Committee on Legislation as to the best means of saving the lives and health of our children from this scourge.

*The President:* What is your pleasure with regard to this resolution of the Business Committee? On motion adopted.

*Dr. Sutphen:* One more subject. The report of the Committee on Legislation was referred back to our committee with instructions to place a specific amount which the Legislative Committee may expend. Your committee have had a conference with the chairman of the Legislative Committee and offer the following resolution:

Resolved, That a secretary and stenographer be employed by the Committee on Legislation during the session of the Legislature, to be paid by the State Society, also that the above committee be empowered to summon to its aid as many members from each county society as in their judgment shall seem necessary, and further that the Society appropriate from its treasury an amount not exceeding six hundred dollars to cover the above expenses.

I move its adoption. Seconded.

*The President:* This question is now before you; what will you do? Moved and seconded that this be adopted.

*Philip Marvel:* I want to ask with reference to the working of this resolution, as it relates to component societies. If I do not misunderstand the chairman, it is to the effect that the component society shall elect as many members as it sees proper. It seems to me that the number of members should be limited. If the State Society is to pay the expenses of this committee, as the resolution implies that it will, then it doesn't seem to me that the reading should be left in the loose way in which it is. The number of members should be limited, certainly, to not more than three from each county society. That would give us a number exceeding sixty, if the full

quota of the committee was named, and would increase the expense to the State Society quite considerably. Before making any amendment, I would like to hear from other members.

*The President:* The Chair doesn't so understand the resolution.

*David C. English:* I was inclined very much to agree with Dr. Marvel, at first, until I heard the conclusion of that report. The amount is limited to \$600, which covers that. It says, the whole expense of the summoning of those delegates from the county societies and all shall be included in the \$600. I think that limits it.

Read the resolution again (see previous column).

*Philip Marvel:* I see it in another, entirely different light; the power of selecting is in the hands of the Legislative Committee, and not in the component society, as I understood it before.

*The Secretary:* I think Dr. Marvel's first remarks, even if the selection is left to the Committee on Legislation, was a good remark. We had occasion last winter—I forget whether it was on an osteopathic or chiropractic bill—to go to a hearing in Trenton. A number of men were summoned from different counties, and quite a large delegation went down from Essex County. The committee asked me to be the first speaker; we wanted to be diplomatic about it and to arouse no antagonism and that to not do this we must recognize the fact that these men are in practice, and treat them with kindness. I made my address to that point, and made the best effort that I could. If my remarks had any effect this was dissipated by a later man, who got up on his feet and called those men all the names he could think of. I think, myself, that two men from each county society, representative men, that are good speakers — logical speakers — are enough to go to Trenton. I don't think the numbers amount to anything at all; it is the effect of the speaker upon the committee, and I would feel inclined to limit the Legislative Committee to not more than two men from a county.

*David C. English:* I think that that will all come right, as long as you have left the matter in the hands of the general committee of the State Society. They will exercise caution in these matters; they will know the men whom they want there, better, sometimes, than the counties themselves. I will tell you how it is managed in some county societies: It is asked who will go?

Who can go? And the man that volunteers to go, is appointed to go. If you leave that to the chairman of the State Society's Committee on Legislation, there will be more care exercised than if the selection is left to the county society, generally.

*The Secretary:* That is just what I mean—leave it to the chairman of the committee as to who shall go from a county; but limit him to two members from each, then you keep down expenses.

*David C. English:* There may be some counties from which one would be enough; there are other counties which might have three splendid men to send.

*Dr. Marcy:* For years I have been going to the meetings of the Legislative Committee at Trenton antagonizing bills of various sorts, and also endeavoring to pass legislation which would be of benefit to our Society. I never yet have been there when our antagonists have not had their cause presented by some distinguished man outside, perhaps, of their profession; perhaps a lawyer. They have always presented a splendid argument which we have to combat. Then this man, that man and the other man, as Dr. Gray says, gets up and undoes, perhaps, the work that the previous man has done.

While I think a stenographer and a secretary of the Legislative Committee may be very useful and very valuable, I believe that it would be very much better if the Legislative Committee were empowered to employ some good, reputable, distinguished lawyer to present our argument for us. I think that that would be very much better than having two men from each component society, or half a dozen men from the one, or from each component society. It is really a very seriously important matter. The antagonists always have their side presented in a very careful and presentable way.

*David C. English:* The Doctor has made some very good suggestions; but I think he would have modified them if he had been here and heard the report. They need a stenographer; they need a secretary; the report brought that out very fully.

*Dr. Marcy:* I think, in addition to that, they ought to be authorized or empowered, if in their judgment it is necessary or wise, to employ some particular individual to present the leading argument, or the opening argument, on the part of the Legislative Committee. I would like to offer this as an amendment, that they be authorized or empowered to do that, if in their judgment it is necessary.

*The President:* Is this seconded? Seconded.

*David C. English:* Then you must increase, probably, the amount.

*Dr. Marcy:* Not necessarily. I don't think that is necessary, sir, to increase the amount. I think \$600 will cover that. If it is necessary to increase the amount, I think it could easily be done; a special appropriation could be made, or the Legislative Committee would in some way be able to take care of the additional expenses.

*Dr. Johnson:* It seems to me it would be better, inasmuch as we are making this new departure, to leave the matter entirely in the hands of the committee, and trust to the committee carrying on its work: \$600 for this year; then, if we find that in addition to a clerk or stenographer they need other things, we can employ somebody to present the case. I agree with Dr. Marcy that our cases are generally very poorly presented, and that the gist of an argument is often destroyed by other speakers, as Dr. Gray has said—still, it seems to me that we are making a step forward, and we had better go one step at a time. Therefore, I am not in favor of this amendment. This \$600 might be tried. If you hire a stenographer during the entire session of the Legislature, asking, I suppose, one person to act in both capacities, you will find that there will be quite a hole in the \$600.

*Dr. Stewart:* I am sorry I was not here this morning to speak before the Business Committee, but, after all is said and done, it is not the lawyer who appears before this Legislative Committee, it is not the individual man who appears before this Legislative Committee, that means the fall or the success of any one of these bills. Whether we are successful or not depends entirely on the individual work done by the members of the county societies with the legislators who represents them in Senate and House. You take these osteopathic men, and chiropractic men, and what do they do? They don't depend wholly on their lawyer. They have an able lawyer to present their case; but they are working throughout the entire year with their legislators and have friends bring pressure upon them so that they can and will vote in favor of the bill they present. Atlantic City has been trying its best to influence the legislators. We got the promise of our legislators that they would vote against the osteopathic bill, that they would vote against the chiropractic bill; and when it came to the final showdown in the Legisla-



ture, one of our legislators actually turned against us; because he had a friend who wanted to put another bill through, where he had promised, "If you vote for mine, I'll vote for yours"; and he voted for the osteopathic bill on those terms. That man will hear from his medical constituents in Atlantic County when he comes up for reelection.

If the members of county societies, in place of resting quietly and supinely, will do their duty, we don't need men to rush to Trenton to help the Legislative Committee; they don't need the help at Trenton, they need the help on the home ground, and they need the moral support of the county society legislative committee. The The Legislative Committee of Atlantic County stands ready to help the State Society and the State committee at any time; and we don't want the State Society to appropriate one solitary cent for the expenses of their Legislative Committee. As chairman of this committee, I positively should refuse a penny from the Atlantic County Medical Society, or the State Society, because I feel that personally I could afford to go there myself in the interests of the State Society.

*A Voice:* Good!

*Dr. Stewart:* I am very much opposed to the State Society bearing the expense of any of the local society members going to Trenton to assist the other committees. Now, it is true that there are a good many men who may feel that they are not able to do this. If there are such men, then I think the local society itself should take care of it. And I don't approve of the appropriation of large sums of money for this purpose, or even \$600 for this purpose. I do approve of giving the Legislative Committee all the power that it is possible to put in their hands, and give them all the money that is necessary for their own individual expenses; but I don't believe that it is good policy on the part of this Society to employ a lawyer, to employ anybody, to go to Trenton to present our cause, because we have in our own medical profession men who are as able as lawyers to do so.

*The Secretary:* What Dr. Stewart says is all true; but, at the same time, unless Dr. Costill spends every minutes of his time in the State House during the Legislature, something is sure to slip through. As I understand Dr. Costill, he is more interested in a stenographer and clerk, who shall be there all the time to keep him informed as to what is going on. I think that is the

crux of what Dr. Costill wants, and I think he wants the most of this money for that purpose, so that he shall be informed immediately if anything comes up, because thinks have slipped up through lack of this more than once. We cannot ask any member of our Society to give all of his time to the legislative session. Dr. Stewart is eminently right—we ought to approach the members at home; but, absolutely, Dr. Costill ought to have the money to enable him to have someone right on the ground to keep him in touch with what is going on in the Legislature.

*Emery Marvel:* Dr. Gray's point is well taken. I am sorry Dr. Costill is not here. I have been informed by Dr. Marcy that in the State of New Jersey there is a chamber of commerce; that this chamber of commerce has a legislative department and it has occurred to me that this organization could keep its respective members informed as to legislation in which they are interested. Dr. Marcy tells me that this Society is a member of the New Jersey Chamber of Commerce and that they have a secretary, or a legislative representative, at Trenton to keep the respective members advised as to new legislation of interest to them. If this be true, it would seem to me that we can save a great deal of money, as we will not need the secretary and stenographer.

The next question, about the money end of it for the man to present the argument. As for myself, I cannot present an argument at all well; I know I cannot; and a lawyer is perfectly well prepared for it. I am thoroughly in accord with an amendment which will authorize the Legislative Committee to select the services of a man to attend and present the argument for the Society.

*David C. English:* I want to correct the statement that has been made. The Chamber of Commerce has given us no help for the last year. I asked Dr. Costill whether he had received any information; he replied: "Not a particle of information have we had." For one or two years, while the other organizations were in existence, they did give some information; but the past year, he said, he had not had a bit of help. I am now asking that you will pass this resolution as offered by the Business Committee. It will be doing the Legislative Committee and this Society a great favor in advancing legislation.

*Dr. Sutphen:* I think the Society should understand that this amount was the result of a request from the committee itself.

Their idea was that the money would be required for the expense of members of the district societies who were requested to attend. But they have asked for the money; and the lowest limit was \$600.00.

*The Secretary:* To emphasize what Dr. English has said, the Secretary, or the representative in Jersey City of the People's Legislative Bureau, it was not the Chamber of Commerce, did very effective work two years ago. I have been in very close touch with the man who represents this bureau in Newark, and I spoke to him at the beginning of the legislative session last winter and asked "What are you going to do for us this winter?" He said: "Nothing. The thing has practically gone out of existence."

*The President:* All in favor of the amendment, signify it by saying aye; contrary, no. The amendment seems to be lost. Now the report of the Business Committee, the adoption of the resolution is before you; what is your pleasure? On motion, adopted.

*Dr. Sutphen:* The Business Committee considered the request of the Board of Commissioners of Asbury Park that the Society join with it in an invitation to the American Public Health Association to hold its next annual meeting in Asbury Park, referred to it and offer the following:

The Committee on Business appreciates highly the compliment of the Board of Commissioners of Asbury Park and recommends that the invitation be extended by the Society to the American Public Health Association.

Adopted.

*The President:* Is there any more Unfinished Business?

*Dr. Marcy:* I would move you that a vote of thanks be extended to Dr. Strasser for his very excellent work on the Publication Committee. Seconded and carried.

*The President:* Any Miscellaneous Business? Now is the time for the introduction of any Miscellaneous Business; and we shall have to be expeditious, as there are other items on the program, and we are encroaching upon the time appointed for them.

*Daniel Strock* presented the following resolution and moved its adoption:

Resolved, That the Secretary be instructed to convey to Mrs. Taylor and her sons the sympathy of the Medical Society of New Jersey, and express the Society's sincere regret and sense of loss in the death of Dr. H. Genet Taylor, of Camden, who died January 21, 1916.

Seconded.

*Dr. Strock:* As a member of the Camden County Medical Society and a fellow member of Dr. Taylor, I did not feel that this

occasion of the meeting of the Medical Society should pass without some reference to his death, and to his vast and great services to this Society and the general profession in the State. I therefore have availed myself of this opportunity to try and do, in a few words, justice to the career of Dr. Taylor, whom we all admired, whom we all respected, and whom we all regret.

He entered the profession in 1860, and almost immediately became a member in the Camden County Medical Society, serving, as secretary, for twenty-five years. He joined the volunteer service during the Civil War and served in the neighborhood of three years, having large interests placed in his charge, and subsequently he was one of the organizers and one of the incorporators of the Camden City Dispensary, and served in the capacity of secretary of this for forty years. When the Cooper Hospital was established in 1887, he was the first man to be selected as a member of the attending staff, one of the visiting physicians. He served the hospital in various other capacities until his death; he was for several years its medical director; also head of its board of managers, serving continuously from the time of its opening, until his death, in the capacities that I have mentioned.

He has been president of the Camden County Medical Society, also of the Camden City Medical Society. In all the activities of the profession in that section of the State he was peculiarly active. He has read a great number of papers before our own society in Camden County, as well as before this organization. In 1888, he was President of this Society, and as a result of his president's address, I think we are safe in saying, he should receive the credit for the establishment of the Journal. That is, he advocated the establishment of the Journal of the Medical Society of New Jersey, and I am sure that even he at that time did not conceive of what value it would be to the profession in the future. As a result of that act, I believe, we have the Journal, with its ever-increasing influence and ever-increasing importance.

I only have to speak one more word, in reference to the personal traits of Dr. Taylor. The sense of appreciation for service done to the individual seems to me to be one of the sweetest traits of anyone's character; and Dr. Taylor had that, in a large degree. He was always sympathetic with the young doctor; he was always encouraging him and helping him, in every way he could; and



when he turned the Cooper Hospital over to his twenty-four attending members, with the exception of the two last names, that have been appointed since his death, every one that has been connected with the Cooper Hospital, since it was opened in 1887, can directly trace his appointment to the influence of Dr. Taylor.

As to service being appreciated, when performed, that is so seldom noted, I think, in a large degree, in any human being; but, as illustrating that fact, I remember, it was fully thirty-eight years ago, I had occasion to go to his house one evening, and found, in the absence of the doctor, that his family was greatly alarmed. A tramp had appeared, apparently a beggar, at the front door; Mrs. Taylor was alone with two young children, and they were all in a great state of alarm, because this beggar would not go away at their request, but persisted in his importunities, and therefore, exciting extreme alarm. I approached at that moment to enter the house to see the doctor, and they were exceedingly grateful that I was present. To me it did not seem that my presence was commensurate with the amount of pleasure it seemed to give them. As they were alarmed, certainly, even a third person, whoever he might be, under those circumstances is the basis of grateful sensations. The point I am calling attention to was this: that Dr. Taylor frequently called my attention to that episode, and thanked me. So late as five years ago he said: "I will never forget the time you came to our house and relieved Mrs. Taylor of her alarm." That is simply an index of his entire character, throughout his life.

*David C. English:* I know there are a number here who would like to make some remarks on this, but the facts have been given in the Journal, and we all feel what has been expressed in that issue of the Journal. No men have I missed more during the last few months than Drs. H. Genet Taylor and Frank D. Gray.

*The President:* If there are no further remarks, the resolution is before you for adoption. Adopted.

*The President:* Is there any other Miscellaneous Business?

*Dr. McAlister:* I want to suggest that we have a Reception Committee at each meeting of the Society in the future; because I think there is a work for them to do—probably not so much as has been necessary at this meeting, but I feel in the past we have not done our best to make the stay of visiting delegates pleasant, and, of

course, now, after a meeting like this, we probably will have more visitors in the future. I move that the President appoint a Reception Committee for each meeting.

*The President:* Is this motion seconded? The Committee of Arrangements have generally taken charge of that. It is their function and duty to arrange for it.

*Dr. McAlister:* I didn't know that we had a Reception Committee before.

*David C. English:* Yes sir, Dr. Marsh has served faithfully on one or two occasions.

*The President:* It seems to me it is hardly necessary to appoint an additional committee, but that is for the house to decide.

*Emery Marvel:* Relative to the reports of the respective committees that are presented at each annual meeting, it has seemed to me it would be interesting, especially to those who have been presenting reports, that if the committees' reports could have been given into the hands of the delegates in anticipation of the meeting thus permitting the delegates to digest those reports, that everyone could talk more intelligently on them; and I therefore make this motion, and ask your consideration and adoption thereof, as far as next year's meeting is concerned, and then, if it proves to be more efficacious than the previous plan, we can make it a permanency by changing the By-Laws. I therefore move that all committees be required to have their written reports in the hands of the editor for printing in the issue of the Journal for the month preceding that of the annual meeting. Seconded.

*David C. English:* I call the attention to the difficulty some committees will have doing this, as all the material for their reports is not in hand until within a few days of the date of the annual meeting.

*The Secretary:* Mr. President— I have no hesitation in saying that this motion of Dr. Marvel's is timely; if passed it would be a step forward toward having the business of the House of Delegates move more smoothly and quickly than it has in the past, as so much of our time is wasted by the reading of long reports. In the years that I have been your Secretary, I have heard men all over the room get up and speak from every angle, and never touch the meat of that report once; never get at the real crux of what the chairman of that committee wanted to have the delegates take action on. I made the suggestion some time ago that I thought it would be a good thing to have our Business Committee act as a

clearing house for these reports, and have them referred immediately to the Business Committee, and let that committee thresh them out and get the meat. You have seen the results of that this morning, when they brought in the report of the Legislative Committee boiled down to one short, succinct resolution that we could talk to, this also the committee did with the alcohol resolution, and with the Report of the Committee on Tuberculosis in Childhood. It must be clear to every member that the usefulness of this committee has been proven at this meeting.

It has been truly said that to pile all the enormous amount of business on that committee is unfair. Its members have been in session altogether about four or five or six hours. I think the proper action for this House of Delegates to take is to have these reports printed in the Journal for the month preceding that of the annual meeting as Dr. Marvel has suggested, so that the delegates can come here with some idea of what the reports mean. Then when they are referred to the Business Committee, the Business Committee having also had the reports, will be able to act intelligently, and to do their work in a great deal less time. They will be able to go from one session and bring in resolutions or recommendations at the next session, and will not be compelled to forego, as they have had to at this time, attendance at a session in which they had a deep interest.

I would like very much, as Secretary of this Society, to see the motion adopted.

*Dr. Stewart:* I understand from Dr. English's remarks that there are certain of these committees that cannot make their reports until just prior to the time of the meeting; other committees that can have their reports ready just as well a month before the meeting. Would it not be well to make the motion read: "Such reports as can be published at that time?"

*The Secretary:* I will read the list of committees and comment on each of them. The Committee on Credentials has no material on which to make a report until after the meeting is opened. It is short, verbal and no action is taken on it.

The Committee on Scientific Work—This committee makes its report to the Secretary two months in advance of the meeting. Its report to the Society is the scientific part of the program and no action on it is required.

The Committee on Program—Its report, the printed program, is in the hands of the

members one month before the meeting and requires no action taken on it.

The Committee on Business—It does its work here, not having anything to do until the House of Delegates gives it work to do.

The Committee on Publication — Dr. Strasser can have his report ready, all but a few lines, one month before the annual meeting.

The Committee on Legislation—The legislative session rarely lasts later than March, so there is no reason why its report should not be in print a month before the annual meeting.

The Committee on Hygiene and Sanitation—There is no reason why this committee cannot make its report a month in advance.

The Committee on Public Health Education—No lectures are given after March. This gives ample time for publication of its report in the May Journal.

The Committee on Prize Essay—The work of this committee has been turned over to the Trustees. Their report consists in opening sealed envelopes in the presence of the delegates. No one objects to the time this committee's report consumes.

The Committee on Honorary Membership—This report cannot be made until it is called for by the chair. It is always short and action on it takes no time.

The Committee on Arrangements—This is short, usually verbal and no action on it is required.

*David C. English:* Why not say "except certain committee?"

*The Secretary:* I offer as an amendment: The reports of the Committees on Legislation, Publication, Hygiene and Sanitation and Public Health Education, and the reports of the Treasurer and Judicial Council.

*Walter B. Johnson:* I favor this amendment and second it, as it covers all reports which are apt to contain subject for discussion and are thus referable to the Business Committee.

*The Secretary:* Dr. Johnson's interpretation of my amendment is correct. I therefore repeat, the reports in many cases weary the members, and again, certain points catch the attention of certain members; certain others, that of others, and frequently the points caught are of no consequence; again the reports of the Councilors often contain valuable suggestions, which, the members wearied, let pass with no action. By having the reports mentioned



in the amendment in the hands of the members in advance—and among these are the members of the Business Committee—and on presentation have them referred to this committee, only the essential points and recommendations will be discussed and much time saved, and also valuable suggestions will not be passed by without action.

*The President:* I think the Secretary has brought out this point very well. I don't want to cut off discussion, but I do want to say one word. This matter was broached to me a day or two ago, and at first I felt just as many others do, that it was not advisable. I have thought of it since, and I am quite satisfied it will expedite and increase the value of our action on the reports. It comes to us unexpectedly and as something new; but, as Dr. Gray has just stated to you, it means that the committees will present brief reports to the Society but submit the full reports to the Business Committee, who will later report to the Society the essential parts. I think, if we adopt such a course, we shall find it a great improvement.

*Philip Marvel:* Is there anything in the resolution prohibiting any one of these committees making a supplemental report to the house?

*The Secretary:* No.

*The President:* If there is no further discussion, all in favor of this signify by saying aye; contrary, no. Carried.

*The President:* Is there any other business?

It is with great appreciation that I acknowledge the honor which you conferred upon me in making me the President of this Society at this particular time. I am especially thankful that nothing has occurred in the general management of the presiding officer to mar the pleasure of this occasion. I desire also to thank you for your assistance and kind appreciation of my efforts to accomplish the task that was set before me.

There is one other thing which is incumbent upon me before relinquishing the business of the presidential office, and that is, to ask my successor, Dr. Marvel, to receive from me the insignia of the office—this gavel—and to crave for him all the good will which you have extended, and success which you have insured to me during my service. (Hands gavel to Dr. Marvel).

*Philip Marvel, President-Elect:* Mr. President, Members of the State Society—in receiving this insignia, I am impressed

not only with the honor which you have done me in placing me at the head of your Society, but I am also aware of the responsibility that you have likewise placed upon me. This responsibility, however, is not wholly mine, it is in part yours; and if the coming meeting is to be a success, it devolves upon you, quite as much as upon me, to make it the success which we all hope it will be. I, therefore, ask you, as members of the State Society, to give me your every assistance, so that the interests of the Society during the year may be enhanced, and the 1917 meeting may be one creditable to us all.

*David C. English:* Mr. President, I move the vote of thanks of this Society to our retiring President for his faithful services during the past year. Secondly, I move a vote of thanks to the other officers for their faithful services; to this hotel for its readiness to respond to the needs of the Society for this meeting. I move, in addition, our recognition of the honor done us by the presence of the presidents of State societies and the representative delegates of societies who have been with us, and also our appreciation of the letters of congratulation and good wishes of the State societies whose presidents have not been able to meet with us upon this anniversary occasion. Seconded.

*President-Elect Marvel:* You have listened to the various motions which have been included in one, and heard this one seconded. I shall ask this house to give a rising vote for these various suggestions included in the motion before you. Audience rises.

*President-Elect Marvel:* Unanimous.

We have here, in our meeting this morning, what does not very often occur—and I think that it is only fitting that we should take some recognition of the fact—one of the members present with us at our sesquicentennial celebration, who was also an attendant at the centennial meeting of this Society. I therefore am going to ask Dr. Marcy to rise, that I may introduce him to this house. Dr. Marcy.

If Dr. Marcy would like to say a few words, I would like to extend to him that opportunity.

*Dr. Alexander Marcy, Sr.:* Gentlemen, it gives me a great deal of pleasure to meet you here. It gives me, also, a great deal of amusement for what I have seen here, within the last few days, in comparison with the anniversaries of many years ago shows human nature has not changed, and

I can only say that I hope to live to see the 200th anniversary. For the rest, I certainly hope you will live long and prosper, as our friend Rip Van Winkle used to say.

*President-Elect Marvel:* Is there any further business before the House of Delegates? If there is not, the House of Delegates will rise, and the meeting will be opened for the General Session.

IO A. M.

#### GENERAL SESSION.

CENTENNIAL EXERCISES OF ESSEX, MIDDLESEX, MONMOUTH, MORRIS AND SOMERSET COMPONENT SOCIETIES.

*Drs. D. F. Weeks, Harvey Buchanan, D. C. English, G. T. Welch, Britton D. Evans, A. E. Carpenter, E. M. Fisher, J. F. Horne, L. K. Henschell, J. F. Hagerly and H C. Bleye.*

On motion the Society adjourned *sine die* at 12.30 P. M.

Thomas N. Gray,  
Recording Secretary.

#### ADDENDA.

From the Report of the Committee on Scientific Work, Dr. J. C. McCoy, Chairman.

#### Minimum Requirements for a Standard Hospital.

The Committee on Standardization of Hospitals of the State of New Jersey, appointed by the New Jersey State Medical Society in 1914; after visiting each of the hospitals in the State, and making a careful detailed examination of each institution, beg to submit to the New Jersey Medical Society and the New Jersey Board of Medical Examiners, the following requirements, which, after careful study of the conditions of each institution, would seem to them to be the minimum requirements for a Standard Hospital:

1st. The average number of ward patients per day shall be not less than 25. This number not to include either private or semi-private patients.

2nd. A resident intern and suitable facilities for housing him.

3rd. A pathological laboratory fulfilling the following requirements and with a minimum equipment as specified.

The pathological department of the various hospitals in the State of New Jersey should be established, equipped and operated with a two-fold idea or purpose.

1st. To give a better and more thorough opportunity for the investigation of the various diseases that present themselves for treatment in the various wards.

2nd. To permit the interns to have an opportunity to practically apply the theoretical principles that underlie modern methods of diagnosis.

It is desirable that the laboratory should be located in a room set aside exclusively for that purpose. The room should be well lighted, well ventilated, supplied with running hot and

cold water, and have gas and electric outlets for illumination and purposes of operation of the equipment. The laboratory should be equipped with sufficient apparatus, chemicals, staining materials and appliances for carrying on the following work. 1st, Blood examinations; 2nd, analysis of urine; 3rd, analysis of gastric contents; 4th, examination of feces; 5th, tissue examinations; 6th, bacteriological examinations; 7th, serological examinations.

1st. Blood Examinations—The scope of the blood work should be the counting of the red and white cells, the estimation of hemoglobin, differential counts of leucocytes, and the detection of parasites or degenerative changes in the red cells.

2nd. Analysis of Urine—Complete chemical and microscopical examinations of the urine are to be undertaken in all cases. This will include a determination of sugar and albumin, if present, urea estimations and microscopical examination of the sediment.

3rd. Gastric Analysis—The laboratory should be equipped to allow the determination of the total acidity, free hydrochloric acid, organic acids, and acid products. The microscopical examination should be for the blood, epithelium and food remnants.

4th. Examination of feces shall include the detection of occult blood, biliary products, food remnants, and the ova of intestinal parasites.

5th. Tissue Examination—The laboratory should be equipped to enable a thorough microscopical investigation of tissue by sectional examination of specimens obtained before or during operations, or of tissue removed at autopsy. Either the celloidin or paraffine methods may be used, but it is recommended that a freezing apparatus, either as an attachment to the standard microtomes or as an independent unit be supplied for rapid examination and diagnosis of tissue.

6th. Bacteriological Examinations—The equipment should be ample to allow for examinations of sputum for tubercle bacilli, throat specimens for Klebs-Löffler bacilli. The examination of smears for gonococci, cerebrospinal fluid for bacteria life, and routine cultural examination of catgut, ligatures, suture material, and operating room supplies used during operations. Routine examination of the hands and field of operation are also necessary. Bacteriological investigation of the milk and water supplies of the hospital are also desirable.

The committee recognizes the importance of the hospital having the necessary equipment and appliances for the conduct of the Wassermann test, the complement fixation for gonorrhoea, and the Weidel agglutination test for typhoid fever, the care of blood cultures, and facilities for making autogenous vaccines. Such work is only of value, however, when under the supervision of an absolutely, reliable and informed technician. When owing to economic conditions it is not feasible to have a proper technician in the employ of the hospital, the management should then see, that the hospital has facilities provided for such examinations, and preparations made in a laboratory of recognized standing elsewhere.

Interns shall have access to the laboratory at all times, and they shall be encouraged and assisted to make such examinations as will



give them a clear insight into the underlined conditions of their patients in their several services. The employment of a technician, who is capable of making culture media, staining solutions, the preparation of tissue for the microtome and the caring for the apparatus and glassware of the department is to be recommended.

Complete records of all examinations made in the pathological department should be kept on file in that department, and duplicate reports are to be filed with the bedside history of each case. It is also necessary that labeled slides be kept on file in the laboratory of all tissue examination in that department.

#### Equipment for Pathological Department.

- 1 Microscope equipped with a 1/3, 1/5, 1/12, oiled immersion and Abbe condenser.
- 2 Eye pieces.
- 1 Triple nose piece.
- 1 Mechanical stage. A dark stage with a suitable light for same is also desired.
- 1 Microtome either paraffine or celloidin. A freezing attachment for the same, or a freezing microtome as a separate instrument for rapid section work is desired.
- 1 Incubator, either gas or electrically operated, of sufficient size to accommodate the bacteriological and serological work of the laboratory.
- 1 Sterilizer of the Arnold type.
- 1 Autoclave of sufficient size to meet the needs of the bacteriological and serological divisions.
- 4 Animal cages for the housing of laboratory animals.
- 1 pair of balances with one set of metric weights.
- 1 Haemaglobinometer.
- 1 Thoma-Zeiss counting chamber.
- 2 White cell blood pipettes.
- 2 Red cell blood pipettes.
- 1 Iron Burette stand.
- 2 Iron tripods.
- 6 Squares of iron wire gauze.
- 3 Bunsen burners.
- 1 Centrifuge (electric preferred), with graduated and plain centrifuge tubes and Babcock attachment for milk analysis (fat determination) is also desired.
- 1 Iron support with three rings.
- 1 Stokes water still.
- 1 Filter pump.
- 1 Spatula.
- 3 Wire baskets for test tubes.
- 1 Set of cork borers.

#### Glassware as Follows:

- 4 gr. slides.
- 3 oz. of cover glass.
- 2 doz. of staining dishes.
- 1 lb. of assorted glass tubing.
- 1 lb. of assorted glass rods.
- 6 nests of beekers.
- 3 nests of evaporating dishes.
- 2 gr. of test tubes 4x½ in.
- 2 gr. of test tubes 6x¾ in.
- ½ gr. of glass stoppered tincture bottles (assorted sizes).
- 2 doz. glass stoppered salt mouth bottles (assorted sizes).
- ½ doz. funnels (glass) assorted sizes.
- 1 doz. 1000 c.c. Erlenmeyer flasks.
- 2 doz. 500 c.c. Erlenmeyer flasks.
- 2 doz. 250 c.c. Erlenmeyer flasks.

- 1 doz. 120 c.c. Erlenmeyer flasks.
- 2 10 c.c. graduated cylinders, graduated in 10th c.c.
- 2 25 c.c. graduated cylinders, graduated in 10th c.c.
- 2 50 c.c. graduated cylinders, graduated in 10th c.c.
- 2 100 c.c. graduated cylinders, graduated in 10th c.c.
- 2 200 c.c. graduated cylinders, graduated in 10th c.c.
- 2 500 c.c. graduated cylinders, graduated in 10th c.c.
- 2 20 c.c. pipettes graduated in 10th c.c.
- 4 10 c.c. pipettes graduated in 10th c.c.
- 6 5 c.c. pipettes graduated in 10th c.c.
- 2 doz. 1 c.c. pipettes graduated in 10th c.c.
- 1 doz. 1 c.c. pipettes graduated in 1/100 c.c.
- 2 50 c.c. Burettes graduated in tenths.
- 1 package of lens paper.
- 12 slide boxes or one slide cabinet.
- 1 doz. test tube brushes.
- 1 chemical thermometer—200 c.
- 1 Doremus ureometer.
- 1 Esbach albuminometer.
- 1 urinometer.
- 1 bell (glass) for microscope.
- 1 balsam bottle.
- 2 doz. Petri dishes 100x10 mm.
- 2 doz. fermentation tubes.
- 2 Coplin staining jars.
- 1 wash bottle.
- 1 package of labels for slides.
- 1 package of labels for bottles.
- 1 filter paper.
- 2 tube racks.
- 1 card index for permanent filing of pathological reports to be crossed indexed.
- 1 copper water bath for test tubes also fitted with rings.

Approximate cost of this equipment probably within \$600.

4th. A form for an annual report from the institution similar to or meeting the requirements of the following form.

#### Superintendent's Report to Include

The number of—(Private Room....? Private Ward....? Pay-free Ward....? Free Ward....?)—patients remaining in hospital beginning of the year....?

The number of—(Private Room....? Private Ward....? Pay-free Ward....? Free Ward....?)—patients admitted during the year....?

The number of hospital days—(Private Room....? Private Ward....? Pay-free Ward....? Free Ward....?)—during the year....?

The number of new patients treated in dispensary during the year....?

The number of re-treatments in dispensary during the year....?

The number of medical cases treated in hospital during the year....?

The number of obstetrical cases treated in hospital during the year....?

The number of special department cases treated in hospital during year....? (including eye, ear, nose and throat).

The number of surgical cases treated in hospital during the year....? (including gynecological).

The number of abdominal operations during the year....?

The number of special (eye, ear, nose and throat) operations during year....?

Total number of surgical operations during the year....?

The number of executive officers (here name the officers, i. e., superintendent, assistant superintendent, superintendent nurses, etc.)....?

The number of graduate nurses employed....?

The number of pupil nurses employed....?

The number of servants employed (to include all employed, not included above, in hospital)....?

Expenses incurred during the year....?

Less expense of—(New Buildings....? Loan Debts....? Interest....? Insurance....?)—....?

Net expense for maintenance and sustenance....?

Average daily cost per patient....?

#### **Report of the Laboratory and Bacteriology to Include:**

Number of urinalysis....?

Blood counts....?

Stomach contents examination....?

Stool examinations....?

Tissue examinations....?

Bacterial examination of stains....?

Bacterial cultures....?

Wassermann examinations....?

Autogenous vaccines prepared....?

Autopsy examinations....?

#### **X-ray Laboratory.**

Number of patients radiographed....?

Number of patients fluoroscoped, not radiographed....?

Number of patient's plates taken....?

#### **The Surgical and Medical Report to Include:**

Number of patients remaining at beginning of the year....?

Number of patients admitted during the year....?

Number of medical—(Private Room....? Private Ward....? Pay-free Ward....? Free Ward....?)—patients treated during year....?

Number of obstetrical—(Private Room....? Private Ward....? Pay-free Ward....? Free Ward....?)—patients treated during year....?

Number of surgical, gynecological included—(Private Room....? Private Ward....? Pay-free Ward....? Free Ward....?)—patients treated during year....?

Number of eye, ear, nose and throat—(Private Room....? Private Ward....? Pay-free Ward....? Free Ward....?)—patients treated during year....?

Number treated in hospital during year....?

Number discharged....?

Number recovered....?

Number improved....?

Number not improved....?

Number declined treatment....?

Number died within 24 hours....?

Others....?

Total died....?

The medical report of patients treated to show division of service in which treated (surgical, medical, gynecological, etc), and especially to record:

#### **Illustration—Report of Operations to Include:**

Viz.—Operation, cholecystectomy; diagnosis,

operative; improved, 0; unimproved, 0; cured, 2; died, 0; total, 2.

Viz.—Diagnosis, arthritis-rheumatic; sex, M-F; improved, 4; unimproved, 0; cured, 2; died, 1; total, 7.

5th. The hospital equipment shall include an X-ray apparatus, capable of doing any work, necessary for diagnosis, including fractures, bone pathology, and gastro-intestinal studies, as well as treatment, and this department should be under the direction of a competent operator.

6th. A definite method of history taking, to be made by the resident intern, and properly supervised by the attending member of the staff for each service. The members of the staff should be held responsible for each history, during the time he is on service, being complete before the patient is discharged from the hospital.

The history should contain:

A A complete record of the condition for which the patient is admitted.

B A full physical examination recorded on admission.

C Record of the daily progress of the patient, during stay in hospital. Such record to be made by the physicians, and to be in addition to the nurse's bedside notes. All laboratory, pathological, X-ray and autopsy records should form part of the physician's history. The history should be complete from time of entrance to discharge for each patient. The hospital should furnish facilities for the filing and safekeeping of all histories and proper indexing of same; so that they might be available for ready reference.

7th. Department of Dietetics—This department should be under the supervision of a trained dietitian.

8th. Follow-up System—There should be some method for determining the end result obtained. This may be either conducted by the management or preferably by a social service department.

9th. The hospital may or may not contain a regularly standardized training school for nurses, but the number of patients per nurse, should not be less than one nurse to five patients.

10th. A morgue with facilities for properly performing autopsies, and a complete record of all autopsy findings; such record to be kept on file in the morgue and a copy filed with the patient's history.

#### **ATTENDANCE AT THE ANNUAL MEETING.**

##### **Fellows.**

D. C. English, A. Marcy, Jr., W. B. Johnson, Henry Mitchell, N. L. Wilson, O. H. Sproul, T. H. Mackenzie, E. Hollingshead, L. M. Halsey, G. T. Welch, C. R. P. Fisher, D. Strock, E. J. Ill.

##### **Officers.**

W. J. Chandler, P. Marvel, W. G. Schauffer, Thos. W. Harvey, H. A. Stout, T. N. Gray, A. Mercer.

##### **Councilors.**

C. C. Beling, W. A. Clark, J. Hunter, Jr., W. H. Iszard.

##### **Permanent Delegates.**

Atlantic: W. P. Conaway, E. C. Chew, W. E. Darnall, E. Guion, E. H. Harvey, J. A. Joy, E. Marvel, W. B. Stewart. Bergen: S. E. Arm-



strong, F. S. Hallett, G. H. MacFadden, J. W. Proctor. Burlington: M. W. Newcombe, R. H. Parsons, G. T. Tracy. Camden: H. H. Davis, W. H. Iszard, W. S. Jones, J. F. Leavitt, A. McAlister, H. F. Palm, W. A. Wescott. Cape May: J. M. Dix, R. Marshall. Cumberland: H. G. Miller. Essex: C. C. Beling, W. Buerman, C. D. Bennett, W. J. Chandler, H. L. Coit, T. W. Corwin, J. F. Condon, D. E. English, W. P. Eagleton, L. Emerson, W. B. Graves, T. N. Gray, R. H. Hunt, E. Z. Hawkes, P. F. Hagerty, L. S. Hinckley, T. W. Harvey, L. E. Hollister, E. J. Ill, G. R. Kent, J. D. Lippincott, J. B. Morrison, E. W. Murray, J. M. Maghee, S. R. Mead, E. D. Newman, G. B. Philhower, C. E. Sutphen, E. S. Sherman, E. Staehlin, T. Y. Sutphen, G. A. Van Wagenen, J. T. Wrightson, E. G. Wherry, W. S. Washington. Gloucester: G. E. Reading, J. Hunter, Jr. Hudson: J. J. Baumann, J. J. Broderick, H. H. Brinkerhoff, H. J. Bogardus, F. M. Corwin, G. M. Culver, G. K. Dickinson, C. H. Finke, W. F. Faison, A. P. Hasking, J. M. Jones, M. Lampson, G. E. McLaughlin, J. J. Mooney, C. H. Purdy, W. Pyle, W. L. Pyle, J. M. Rector, A. A. Strasser, H. J. Spaulding, W. P. Watson. Hunterdon: G. L. Romine. Mercer: C. F. Adams, E. Barwis, H. B. Costill, W. S. Lalor, N. B. Oliphant, D. Warman. Middlesex: E. Carroll, F. M. Donohue, A. C. Hunt, A. L. Smith, J. G. Wilson. Monmouth: E. Field, H. E. Shaw, W. B. Warner. Morris: A. E. Carpenter, J. Douglas, B. D. Evans, F. W. Flagge, A. A. Lewis, C. Wigg. Ocean: R. R. Jones. Passaic: W. H. Carroll, F. F. C. Demarest, J. T. Gillson, P. A. Harris, H. H. Lucas, A. F. McBride, J. C. McCoy, C. H. Scribner, F. H. Todd, J. S. Yates. Somerset: S. O. B. Taylor, A. L. Stillwell. Union: J. S. Green, E. H. Grier, E. W. Hedges, J. B. Harrison, T. F. Livengood, S. T. Quinn, J. P. Reilly, T. H. Tomlinson. Warren: G. W. Cummins, J. M. Reese.

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#### Associate Delegates.

Atlantic: S. Barbash, W. Clark, W. W. Fox, H. L. Harley. Bergen: E. E. Conover, C. A. Knox, H. G. Macdonald, J. Payne, W. L. Vroom. Burlington: B. K. Brick, J. C. Haines, L. B. Hollingshead, G. A. Jennings. H. Langsdorf, J.

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#### Visiting Delegates.

W. W. Meloy, Ill.; M. B. Tinker, W. M. Leszynsky, T. J. Reardon, N. Y.; L. M. Palmer, R. H. Ferguson, Mass.; J. B. Brown, Wash.; G. I. McKelway, Del.; E. Y. Davidson, Wash., D. C.; W. D. Robinson, J. B. Roberts, A. Armstrong, Pa.; C. B. Earle, S. C.

#### Guests.

B. F. Hogan, Ohio; Mrs. C. B. Earle and daughter, S. C.; Mrs. A. Armstrong, Pa.; Mrs. J. B. Roberts, Pa.; Mrs. G. I. McKelway, Del.; Mrs. T. J. Reardon, Mrs. M. B. Tinker, Mrs. W. W. Leszynsky, Mrs. R. G. Dieffenbach, N. Y.; Mrs. W. S. LaRiew, Mrs. E. H. Moore, Mrs. T. Dedrick, Mrs. F. W. Curtis, Mrs. W. H. Albright, daughter and guest, Mrs. W. C. Allen, the Misses Edna M. and Florence M. Allen, Mrs. F. W. Sell, Mrs. C. H. Schlichter, Miss Grace Schlichter, Miss Harriet Barrows, Mrs. A. Stern, Mr. Carl Grusheimer, Mrs. F. P. Prout, Miss Sinclair, Mrs. S. J. Keefe, Miss

Keefe, Miss Price, Mrs. R. H. Hamill, Mrs. T. E. Dolan and children, Mr. Henry A. Rinz, Mrs. J. Meigh, Dr. Edith Morehouse, Miss Mary Watson, Mrs. A. H. Van Riper, Mrs. E. J. Marsh, Miss Ruth Marsh, Mrs. J. A. Maclay, Mrs. H. Kip, Mrs. V. M. Disbrow, Mr. A. E. Kirchhoff, Mrs. J. L. Lane, Miss E. M. Lane, Mrs. T. W. Speck, Miss Blanche Speck, Miss Elizabeth Speck, Mr. Lewis Speck, Mr. and Mrs. J. W. Horner, Mrs. J. W. Farrow, Mrs. H. W. Kice, Mrs. G. H. Foster, Mrs. L. L. Mial, the Misses Victoria, Katheryn and Mildred Mial, Masters Leonidas and Harry C. Mial, Mrs. T. W. Bebout, Mr. and Mrs. O. W. Brown, Mrs. A. B. Coultas and son, Mrs. L. D. Wise, Dr. Wm. D. Tyrell, Mrs. G. V. V. Warner, Mrs. G. F. Wilbur, Dr. Ella P. Upham, Dr. S. H. Nichols, Mrs. I. S. Long, Mrs. C. Knecht, Mr. R. Knecht, Dr. and Mrs. Bruce, Mrs. D. D. Hendrickson, Dr. Trippe, Mrs. J. C. Albright, Mrs. I. T. Spencer, Miss Madeline Spencer, Mrs. C. J. Silk, Mrs. C. E. Saulsberry, son and daughter, Mrs. B. M. Howley, Miss Lula Stacker, Mrs. C. A. Hofer, Clarence and William Hofer, Miss Sara Fisher, Dr. J. S. Dare, Dr. and Mrs. Wm. L. Wilhelm, Mrs. G. N. J. Sommers, Dr. J. H. Dewey, Dr. Ruth Hilliard, Mrs. A. V. Contrell, Dr. and Mrs. J. V. Rulons, Mrs. E. K. Fee, Miss Rachel Fee, Mr. Ransom Fee, Mrs. Wm. Pierson, Mrs. J. D. Kafer, Mrs. C. M. Franklin, Mr. C. M. Franklin, Jr., Mrs. H. D. Bellis, Mr. G. Webster, Mrs. T. B. Fulper, Mrs. O. H. Coleman, Mr. and Mrs. W. G. Wallace, Mrs. E. Thum, Mrs. W. A. Swiney, Mrs. G. B. Spath and sons, Mrs. M. F. Squier, Mrs. D. B. Sweet, Mr. and Mrs. R. B. Morrison, Mrs. G. H. Sexsmith, Mrs. Mary A. Sullivan, Mrs. W. J. Mathews, Mrs. E. H. Goldberg, Dr. J. S. Franklin, Miss Mikans, Mrs. F. B. Hull, Dr. M. J. Franklin, Mrs. W. Brewer, Dr. C. Wentsch, Mrs. J. D. Moore, Miss Mary Sheehey, Mrs. C. A. Schneider, Dr. and Mrs. H. J. Gibbons, Mrs. E. Sprague, the Misses T. G. and C. L. Smith, Mr. H. W. Tevis, Mrs. J. S. Stage, Mrs. E. Reissman, Mrs. B. Morgan, Mrs. W. B. Mount, Mrs. J. C. Mabey, Mrs. O. Levy, Mrs. F. J. Krauss, Dr. A. M. Keim, Mrs. C. L. Ill, Miss H. L. Ill, Mrs. J. Hemsath, Mrs. W. M. Goodwin, Mrs. T. N. Gray, Miss Dorothy Gray, Mrs. E. C. Steward, Mrs. A. Daniel, Miss Mildred Daniel, Mrs. C. V. Craster, Mrs. W. M. Brien, Mrs. W. J. Chandler, Mrs. H. L. Rose, Mrs. E. Rogers, Mrs. J. E. Roberts, Jr., Mrs. Dr. John Summerill, Mrs. L. Battin, Mrs. A. H. Lippincott, Mrs. T. B. Lee, Mrs. G. Strong, Mr. L. M. Hires, Mrs. L. B. Hollingshead, Miss Budd, Mr. MacFaul, Mr. and Mrs. Sutton, Mr. Styles, Miss Haynes, Mrs. J. C. Haines, Mrs. J. Payne, Mr. D. A. Curtis, Mr. M. Studart, Mrs. C. W. Knox, Mrs. E. E. Conover, Mrs. H. L. Harley, Miss Dorothy Quinby, Mrs. S. Barbash, Mrs. H. Gross, Mrs. C. B. Smith, Mrs. H. D. Van Gaasbeek, Mrs. E. R. Mulford, Mrs. C. R. P. Fisher, Mrs. D. C. English, Mrs. A. Marcy, Jr., Miss Marcy, Mrs. G. W. Rogers, Mrs. A. C. Slunstock, Mr. and Mrs. S. Y. Schuyler, Mrs. H. Mitchell, Mrs. N. L. Wilson, Mrs. O. H. Sproul, Mrs. E. Hollingshead, Mrs. L. M. Halsey, Miss H. Garwood, Mrs. Geo. T. Welch, Miss Dorothy Welch, Miss Ida Ill, Miss Josephine Dieffenbach, Mrs. W. Freile, Mrs. H. A. Wilson and daughter, Mrs. G. E. Day, Mrs. D. F. Remer, Mrs. L. J. Bailey, Mrs. A. R. Eaton, Jr., Misses M. W. and J. D. Eaton, Mrs. D. F. Weeks, daughters and son, Mrs. G.

W. Fitch, Mrs. C. J. Kane, Mrs. G. W. Lawrence, Miss Ruth Lawrence, Mrs. C. Mills, Mrs. H. B. Slocum, Mrs. J. L. Lund, Mr. Samuel Gross, Miss Ruth Gross, Mrs. Sarah Altman, Miss Marion Altman, Mrs. M. W. Reddan, Mrs. Thompson and daughters, Mr. S. R. Woodruff, Mrs. W. D. Weber, Mrs. C. J. Larkey, Mrs. C. B. Kelley, Miss R. M. Kelley, Mrs. J. H. Underwood, Mrs. G. C. Becket, Mrs. H. C. Barkhorn, Mrs. W. H. Areson, Miss Helen M. Areson, Mrs. L. J. Kauffman, Mr. and Mrs. A. Diamond, Rev. W. N. Jones, Mrs. G. Williams, Mrs. A. Mercer, Miss Campbell, Mrs. H. A. Stout, Miss Stout, Miss Ogden, Miss Stokes, Miss English, Mrs. P. Marvel, daughters, son and guest, Mr. and Mrs. W. A. Rulon, Mr. H. G. Miller, Dr. and Mrs. Bruce S. Keator, Mrs. E. F. Smith, Mrs. T. W. Harvey, Miss Harvey, Dr. Flora M. Phelps, Dr. B. F. Johnson, Dr. Willard Knowlton, Dr. and Mrs. F. J. Tetreault, Dr. Mary D. Hussey, Mr. R. H. McCarter, Rev. Dr. C. R. Eaton, N. J.; Dr. Robt. H. Gray, Brooklyn; Mr. and Mrs. R. W. Latimer, Staten Island; Dr. Martin Fischer, Ohio; Drs. Hobart A. Hare, John G. Clark, H. A. Sutton, E. J. G. Goodman, A. A. Uhle, W. Krusen, W. E. Park, J. D. McLean, A. W. Hammer, A. D. Whitney, C. P. Franklin, F. W. Thomas, G. W. Shaller, W. N. Bradley, G. B. Wood, J. F. Sinclair, J. E. Schuhle, M. C. Radcliffe, L. L. Stuart, J. W. Appleyard and Mrs. J. W. Appleyard, J. A. Jackson, N. E. Robinson, M. A. Jackson, Pa.; Drs. F. Griffith, A. M. Behrens, Louis F. Bishop and Mrs. L. F. Bishop, A. E. Wheelers, E. Sicca, N. Y.

#### Permanent Delegates Absent.

Bergen: John E. Pratt, Chas. Calhoun. Burlington: J. Boone Wintersteen. Camden: \*John K. Bennett. Cumberland: S. Thomas Day, John W. Wade. Essex: Chas. Young, \*Joshua W. Read, Chas. F. Underwood. Wm. S. Disbrow, H. J. F. Wallhauser, \*Wm. H. Hicks. Hudson: Talbot R. Chambers. Henry Spence, Immanuel Pyle, Edward L. Bull. Hunterdon: George N. Best. Monmouth: Daniel E. Roberts. Passaic: George H. Balleray, Joseph V. Bergin, William Fliteroft. Salem: William H. James, John F. Smith. Sussex: Frederick P. Wilbur. Union: Walter E. Cladek.

\*Excused.

#### STANDING COMMITTEES.

##### Elected by the Society.

##### Committee of Arrangements.

Wm. G. Schauffer, Chairman.....Lakewood  
George F. Wilbur.....Asbury Park  
Edwin Field.....Red Bank  
Irwin H. Hance.....Lakewood  
William W. Beveridge.....Asbury Park

##### Committee on Program.

Thomas N. Gray, Ch'n, East Orange..ex-officio  
Charles J. Kane, Paterson....Term exp. 1917  
George E. McLaughlin, Jer. City " " 1918

##### Committee on Scientific Work.

G. N. J. Sommer, Chm., Tr't'n.Term exp. 1917  
John C. McCoy, Paterson .... " " 1918  
Alex. McAlister, Camden..... " " 1919

##### Committee on Legislation.

Henry B. Costill, Ch'n, Trenton.Term exp. 1917  
Thomas H. MacKenize, Trenton " " 1917



J. Boone Wintersteen, Moorestown	"	"	1918
Henry A. Cotton, Trenton	"	"	1918
Luther M. Halsey, Williamstown	"	"	1919
Henry H. Davis, Camden	"	"	1919

Committee on Hygiene and Sanitation.

Gord'n K. Dickens'n, Ch'n, J.C'y.	Term exp.	1917
Edward Guion, Atlantic City	"	" 1917
Alexander McAlister, Camden	"	" 1918
Elias J. Marsh, Paterson	"	" 1918
H. Garrett Miller, Millville	"	" 1919
Geo. E. McLaughlin, Jersey City	"	" 1919

Committee on Publication.

August A. Strasser, ch'n, A'l'g'n.	Term exp.	1918
Edward J. Ill, Newark	"	" 1917
Wm. J. Chandler, South Orange	"	" 1919
David C. English, New Brunswick	ex-officio	
Thomas N. Gray, East Orange	ex-officio	

Appointed by the President.

Committee on Credentials

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Archibald Mercer, Newark	ex-officio
Joseph B. Harrison, Westfield	1917

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David St. John	Hackensack
Luther M. Halsey	Williamstown

Committee on Business.

Ralph H. Hunt, Chairman	East Orange
Emery Marvel	Atlantic City
James M. Reese	Phillipsburg
David F. Weeks	Skillman
George E. Sexsmith	Jersey City

Committee on Public Health Education.

Armin Fisher, Chairman	Newark
Clara Bartlett	Atlantic City
Emma C. Clark	Dover
Emma M. Richardson	Camden
Marcus W. Newcombe	Brown's Mills

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Education of Public on Medical Legislation.

George T. Tracy, Chairman	Beverly
Henry Spence	Jersey City
James Hunter, Jr.	Westville

Publicity Committee.

James Hunter, Jr., Chairman	Westville
Daniel Strock	Camden
William A. Wescott	Berlin

Committee on Standardization of Hospitals.

John C. McCoy, Chairman	Paterson
Emery Marvel	Atlantic City
Henry B. Costill	Trenton
Alex. Marcy, Jr.	Riverton
W. Blair Stewart	Atlantic City
Gordon K. Dickinson	Jersey City
Thomas N. Gray	East Orange

NEW AND REINSTATED MEMBERS.

The following have been added to the membership since the Official List was published in May, 1916:

Atlantic County.

Leonard, Isaac E.	Atlantic City
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Camden County.

Hallinger, Earl S.	Haddon Heights
Segal, Myer	Camden

Essex County.

Bond, Edwin E.	Caldwell
Brown, Willet W.	Montclair
Corrigan, George T.	Newark
Craster, Charles V.	Newark
Dragonetti, Edvige	Newark
Ewing, Harvey M.	Montclair
Foster, Herbert W.	Montclair
Hahn, George H.	Newark
Harhen, George E.	Verona
Hulett, A. G.	East Orange
McDede E. H.	Lyndhurst
McDonald, W. S.	Upper Montclair
Mattison, Norman O.	Montclair
Morgan, Browne	Bloomfield
Oertel, Henry B.	Newark
Polevski, Jacob	Newark
Richardson, Arthur H.	Montclair
Roth, Jacob J.	Newark
Straub, Herbert H.	East Orange

Passaic County.

Connolly, T. V.	Paterson
Glasgow, Thos.	Passaic
Sullivan, John J.	Passaic

Union County.

Coles, J. Ackerman	Scotch Plains
Reiner, Jacob	Elizabeth

New and reinstated members are hereby notified that their names will not be added to the Official List, nor will the right to medical defense begin, until the treasurers of their local societies have forwarded the State Society assessment (three dollars) to Dr. Archibald Mercer, Treasurer of the State Society.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

**Pulmonary Tuberculosis** by Maurice Fishberg, M. D., published by Lea & Febiger, Philadelphia, Pa.

The writer of this book, Dr. Maurice Fishberg, has given a resume' of the problem of tuberculosis fully up to date.

The natural history of the disease is thoroughly given.

The chapters on the epidemiology, predisposing factors and prophylaxis are especially good, and show with force that the solution of the problem lies in prevention.

All readers will agree with the general outline of treatment but there are many who will not agree with the author as to the value of tuberculin in treatment. Personally, I cannot agree with the author's statement that "tuberculin produces excellent results" through "suggestion" only, and if it is true that "a large number of physicians....continue to administer tuberculin because of its psychic effects only," they are reprehensible for so doing.

No physician has a right to administer tuberculin except with the belief that it will benefit his patient, for playing on the "psychic"

never killed a tubercle, bacillus nor helped to heal a lesion.

T. N. G.

**Rules for Recovery in Tuberculosis** by Lawrason Brown, M. D., published by Lea & Febiger, Philadelphia, Pa.

This little book from the pen of Dr. Lawrason Brown should be in the hands of not only those suffering from tuberculosis but also in those of visiting nurse and physician.

Dr. Brown has made clear the fundamentals of the care of the tuberculous, as can only one who has spent his life in the care of these unfortunates.

While the truths in this book are written for reading by those suffering from tuberculosis, they are so homely that the profession cannot but profit by their reading.

It is a pity that Dr. Brown could not see his way clear in his chapter on "Patient and Physician," to tell the patient what he has a right to expect from the physician he applies to for examination.

T. N. G.

**Ultra—Violet Light**—by Hugo Bach, M. D., published by Paul Hoeber, New York City.

**The Medical Clinics of Chicago, March and May, 1916**, published by W. B. Saunders Co., Philadelphia, Pa.

#### A Valuable New Catalogue.

Parke, Davis & Co. announce the publication of their 1916 price list. The book is divided into three parts: Part 1—Fluid Extracts, Pills, Elixirs, Syrups, Tablets, etc; Part 2—Specialties, into which have been merged Special Preparations; Part 3—Biological Products. The nomenclature of the U. S. P., Ninth Revision, has been adopted in the new list, the term "milliliter" ("mil") being substituted for the cumbersome "cubic centimeter." The standards of the new U. S. P. applying to fluid, solid and powdered extracts and tinctures, together with the doses, have also been adopted. All Harrison-act items (products that must be ordered on official order forms) are clearly distinguished. Its amplitude, its handy classification, its comprehensive general index, all serve to make the new catalogue a reference book of value to medical practitioners. The book will be ready for distribution about August 1st. Physicians are advised to write for a copy, addressing Parke, Davis & Co., Detroit, Mich.

### Food for Thought.

When we take people merely as they are we make them worse; when we treat them as if they were what they should be we improve them as far as they can be improved.—Goethe.

Opportunities are very sensitive things; if you slight them on their first visit, you seldom see them again.—Ruskin.

All industry and earnestness will be useless unless they are consecrated by a resolution to be in all things a man of honor.—Ruskin.

A man is worth only as much as he is worth to his fellowmen.—Anon.

One reason so many men are unsuccessful is that they worry over the hard problems of

to-morrow till they are in such a state of nervousness that they can't tackle the job properly when they do come to it.

It is a fair, even-handed, noble adjustment of things that while there is infection in disease, and sorrow, there is nothing in the world so irresistibly contagious as laughter and good humor.—Dickens.

We ask for long life, but 'tis deep life, or grand moments, that signify. Let the measure of time be spiritual, not mechanical. Moments of insight, of fine personal relation, a smile, a glance, what ample borrowers of eternity they are.—Emerson.

When I see about me, in the fields of intellectual attainment and culture, in the walks of business and in family life, so many disasters and tragedies long drawn out, of failing health and collapse of nerve, brain, and muscle, I feel that health is the only bulwark upon which everything we prize in intellectual culture and religious perfection can ever be reared.—G. Stanley Hall.

### Facetious Items.

"Healthy place? I should say so! We'd have a perfect record of no deaths, if it were not for the doctors."

"So it's the doctors, not the place, that is the cause of mortality?"

"Nope—place."

"But you said—"

"Yes—place does it. It's the doctors that die off—starve to death."—Judge.

"Say, Uncle Mose, can you tell me why your peoples' noses are so flat?"

"Spec it's cause da ain't intended to poke darselves in udder folkses' business."

The following passage took place between counsel and witness in a disputed will case:

"Did your father give you no parting admonition?"

"He never gave much away at any time."

"I mean what were his last words?"

"They don't concern you."

"They not only concern me, sir," remarked the barrister, severely, "but they concern the whole court."

"Oh, all right," was the reply. "Father said: Don't have no trouble when I'm gone, Jim, 'cos lawyers is the biggest thieves unhung."—Exchange.

"And now that you are through college, what are you going to do?"

"I shall study medicine."

"Rather crowded profession already, isn't it?"

"Can't help that. I shall study medicine, and those who are already in the profession will have to take their chances, that's all."

Judge—Go out and arrest that man for Constable—But, his car has broken down, and he's trying to fix it.

Judge—Then go out and arrest him for obstructing the highway.



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## REPORT OF THE ONE HUNDRED AND FIFTIETH ANNUAL MEETING OF *The Medical Society of New Jersey*

ASBURY PARK, N. J., JUNE 20-22, 1916—Continued from page 502, Sept. Journal.

### ORATION IN MEDICINE.\*

#### THE CLASSIFICATION AND TREATMENT OF THE NEPHRITIDES.\*

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#### I. INTRODUCTION.

When we discuss so important and practical a question as the classification and treatment of the nephritides we can hope to make progress only as we come to be of one mind regarding the principles which should guide us, because for the treatment of nephritis, if you are familiar with its history, everything has been suggested. There were times when we used hot irons upon the back; and, in more recent days, prayer has been proposed to overcome the serious signs and symptoms that frequently arise in the course of this clinical entity. If we are going to choose between such extremes or find a middle course, it behooves us, first of all, to ask ourselves what is really the nature of the changes that occur in the kidney and elsewhere in the body; and only as we arrive at a logical conclusion regarding the nature of these changes, can we hope to make any advance and to agree upon the question of treatment.

Our discussion will, I think, demonstrate

that the problem of nephritis is in good part only a subheading of a larger problem in medicine, namely, that of edema; and this problem of edema, so much discussed in medical circles is in its turn but a subheading of a still greater problem with which the medical man has concerned himself but little. This is the physiological question so much argued by plant and animal physiologists, which asks why a cell or group of cells in a plant or animal holds any water at all, and why the amount thus held under normal circumstances (as is the case, for months and years even, in our bodies) is so constant.

#### II. CRITICISM OF THE OSMOTIC THEORY OF WATER ABSORPTION.

I shall not burden you with a recitation of the many hypotheses which have been proposed to explain this fundamental problem. They are all of them so inadequate that their inadequacies are admitted even by the proponents of these hypotheses. Let me merely illustrate the matter by touching upon the most important and most heralded of them, namely, the osmotic theory. According to this theory, our cells are surrounded by a so-called semi-permeable membrane, which by definition is one that is permeable to a solvent (water, in the case of the human body), but impermeable to all dissolved substances.

Suppose we grant this assumption in the case of any cell, or any group of cells composing an organ, or for the whole body. Then, depending upon the changes in the concentration of dissolved materials within and without a cell, an organ, or the whole body, water will move into or out of these,

\*This is an abstract of the stenographic report of the Oration. For fuller discussion of many points touched upon we refer our readers to Dr. Fischer's book, "Oedema and Nephritis," second edition, published by John Wiley & Sons, New York City.

depending upon the amount of the differences in concentration, and always from a region of low concentration toward that of the higher concentration of the dissolved substances. Such differences in concentration, therefore, serve to make possible a movement of water into and out of cells. But this is true only as long as the cells are surrounded by semipermeable membranes which hold the dissolved substances in their places.

Biologically, however, this concept of the cell is impossible, for were our cells surrounded by such semipermeable membranes, our food substances and oxygen could never get into them, and the products of cell metabolism like urea, carbon dioxide, etc., could never get out. Obviously, if our cells are to live, both these things must be continuously possible.

To get around these difficulties, the proponents of the osmotic theory have made the membranes, supposed to exist about the cells, partially permeable. But as soon as this is done, concentration differences within and without the cell can no longer come to pass, for the diffusion of the dissolved substances from regions of higher concentration to regions of lower will immediately wipe out such inequalities. The concentration differences necessary to move the water will, therefore, no longer come to pass. And yet, physiologically, water must at all times be able to pass into and out of cells.

As is readily apparent, therefore, the adherents of the osmotic hypothesis can take their choice. They can have semipermeable membranes around their cells, and so make concentration differences move the water into and out of them, but no food, no oxygen, and no metabolic products; or they can dispense with these membranes, and so get dissolved substances into and out of the cells, but no water. Physiologically, however, it must be possible for both these things to happen, and without interruption. No theory which encounters difficulties in any of these directions can ultimately survive.

### III. THE COLLOID THEORY OF WATER ABSORPTION.

In casting about for elements which might be used for a better understanding of the laws of the absorption and secretion of water—and of dissolved substances—as observed in the human body under physiological and pathological circumstances, we investigate the properties of the colloids,—

the very substances which on the osmotic hypothesis are cast aside as of little or no importance. A study of the colloids has shown that these not only play a role in the general problem of absorption and secretion, but that they play the dominant one, determining, not only how much water and dissolved substances a cell, tissue, or the whole body may hold under normal circumstances, but also how much it will hold in various pathological states.

We shall devote chief attention today to the problem of the absorption and secretion of *water*.

In order to illustrate the laws governing this and their biological significance, allow me to call your attention to the behavior of the protein colloids when subjected to different external conditions, so far as their properties of water absorption and secretion are concerned.

I show you here a set of test-tubes of uniform diameter, into each of which has been introduced the same weight of a dry protein, namely, fibrin. Let us see how the protein behaves when different kinds of solutions are poured upon it. If the unit weight of fibrin is thrown into water it swells somewhat; but if the same amount is placed in a test-tube containing a very dilute acid, it swells very much more. Instead of absorbing, for example, some five or six times its weight of water, it may, in the acid, be made to absorb some twenty, thirty, or even forty times its weight. If the acid is neutralized through the addition of an alkali, the absorbed water is again given off, while the fibrin shrinks. Water absorption is followed by water secretion—in other words, the process is reversible. Let me add that all acids behave in this way. Generally speaking, the swelling is the greater the higher the concentration of the acid, though with the so-called “strong” acids a concentration is finally reached beyond which further addition of acid does not increase, but decreases, the amount of water absorbed.

Let me show you next another set of tubes. All these tubes contain the same concentration of an acid. The first contains pure acid only; to all the rest have been added progressively greater amounts of a salt (sodium chlorid). You observe that the addition of the salt has reduced the amount of swelling in all the tubes, and that the greater the concentration of the added salt, the greater the amount of this reduction. Observe, too, that we have added to the acid a *natural* salt. The effect, you



see, is, therefore, not merely due to a neutralization of the acid. In other words, even though we have practically the same acid concentration in all the tubes, we have produced more and more dehydration of the protein as we have increased the concentration of the salt. This extremely interesting antagonism between acids and neutral salts is of the greatest physiological and pathological importance.

Let me now call your attention to a third set of tubes. In this set, a constant weight of fibrin has again been introduced into a definite concentration of an acid, but to the acid there has been added this time the same concentration of *different* salts. When the effects of a series of sodium salts are thus compared it is found that they all again reduce the swelling, but in very different degrees. The chlorid of sodium, for instance, produces the least dehydration; the bromid and nitrate are somewhat more powerful; the acetate occupies a middle position; most powerful are the sulphate, tartrate, and citrate. If we compare the dehydrating effects of a set of salts which have a common acid (a set of chlorids, for example) we find that ammonium, potassium, and sodium salts are less active in producing dehydration than magnesium or calcium, and these last are less effective than copper, iron, or mercury.

You may be inclined to say at this point that these academic tables are of no interest to you in your problems of practical medicine. Let me emphasize, therefore, that they are. As a matter of fact, every good doctor has worked empirically with these facts for decades. What we call the saline cathartics are nothing more than those salts which, without being particularly poisonous, are peculiarly powerful in bringing about a dehydration of protein colloids. The cathartic salts diffuse into the intestinal wall, dehydrate it, and the squeezed off water then keeps the intestinal contents liquid. Franz Hofmeister (in somewhat different terms) pointed this out many years ago, and, while many have grown famous opposing his fundamental suggestions, we are destined shortly to return to his views.

With the facts just discussed in mind, you see at once why sodium chlorid, sodium bromid, sodium iodid, etc., are not ordinarily used as saline cathartics. They are salts which, when introduced into the gastro-intestinal tract, diffuse into the mucous membrane of the intestines; but, since they do not produce much dehydration, except in high concentration, they are not likely

to produce the fluid stools characteristic of an effective catharsis. On the other hand, sodium phosphate and sodium citrate, which even in low concentrations are powerful dehydrators of protein colloids, are our standard saline cathartics. Since magnesium is a better dehydrator than sodium or potassium, magnesium sulphate and magnesium citrate are more powerful cathartics than the corresponding sodium or potassium salts, and the older doctors knew and worked with this fact long before the reason for it was understood. The tremendous dehydrating effects of mercury are taken advantage of in everyday practice when we use calomel for cathartic purposes. Even though this salt is practically insoluble still those trifling amounts which do dissolve produce the tremendous dehydration which we observe after an effective dose of this drug.

#### IV. THE ANALOGY BETWEEN THE ABSORPTION OF WATER BY PROTEIN COLLOIDS AND BY TISSUES.

I have detailed now a series of test-tube experiments which we may apply with entire safety to the problems of water absorption and secretion as observed in the body. Not only qualitatively but quantitatively, as well, *every cell, tissue and organ in such a complicated body as our own, in fact the body as a whole, behaves in the same fashion as do the fragments of protein colloid in these test-tubes.* Thus, muscle, eyes, brain, liver, kidney, etc., swell more in any acid than they do in water. The addition of any salt to the acid reduces the amount of this swelling; and this the more the higher the concentration of the added salt. At the same concentration, different salts are unequally effective in this regard, and here the same order is noted as in the case of the pure protein, such as fibrin.

The amount of swelling which any protein colloid, such as fibrin, shows in a neutral medium corresponds with the normal swelling (normal water content) of any cell or tissue. The increased amount of swelling when acid is added corresponds to the increased swelling of a cell or tissue when this is edematous. Technically put, we say that the colloids of protoplasm have normally a certain hydration capacity, and that when the tissues have become edematous their colloids have assumed a state of increased hydration. Just as acids bring about an increased hydration capacity of fibrin, so also does their abnormal production or accumulation in the body increase here the hydration capacity of the body

colloids. Not only can it be shown that every such abnormal production or accumulation of acid in the body is followed by an edema, but, conversely, it can be shown that every case of edema gives evidence of such abnormal production or accumulation of acid. What are listed as "causes" of edema (heart disease, arteriosclerosis, respiratory disease, anemia, intoxication, and infections of various kinds, etc.)—all have in common this point, that they are means by which an abnormal production or accumulation of acid in a part or all of the body may be brought about.

But acids are not the only substances which can increase the hydration capacity of a protein colloid or of a tissue, though it seems at present that they are the most important. The alkalies do this also. But more interesting is the fact that urea, pyridin, and certain amins are also able to do this. Urea and urea-like substances tend to accumulate in the body in certain types of kidney disease, and many of the toxins of the infectious diseases are amins. The edemas encountered in these clinical conditions may, therefore, be in part accounted for through the presence of this second class of substance in some or all of the tissues of the body, in addition to the presence of acid.

#### V. THE STATE OF THE WATER IN THE BODY.

But not only do all the tissues of the body hold their normal or abnormal amounts of water as hydration water in combination with the body colloids, but the liquids of the body, such as the blood and lymph, do this also. In other words, *there is in our bodies no "free" water analogous to the water we drink.* It exists in all the tissues and body fluids only in combination (as water of hydration). When any free water appears in the body, it is quickly removed by one of the secretory organs, such as the kidney. Conversely, it is impossible to get any secretion except as we furnish the secreting organ free water. To apply this to the kidney, we may say that we will get a secretion of "urine" only in proportion to the amount of water given the patient to drink.

#### VI. DIURESIS AND DIURETICS.

Water is, in other words, the only true diuretic. What then do we mean when we speak of a diuretic substance or drug? A diuretic is any substance which aids in furnishing a working kidney free water, or which helps to maintain in a kidney the necessary conditions, such as oxygen supply,

etc., that are needed to permit the kidney to do its work. Urinary secretion may fail, either because we furnish no free water or because a kidney is not given the proper conditions under which it may do its work.

The intravenous injection of any amount of blood, blood serum, or a hydrophilic colloid in which all the water is bound to the colloid, is followed by no increase in urinary secretion. This is because no free water is given. The same amount of water when given free, as in the form of a saline solution, is followed by a prompt increase in urinary flow.

When equal amounts of sodium chlorid solution are injected, we get increasingly greater amounts of urine, with progressive increase in concentration of the salt. This is because the salt dehydrates the body tissues, and the free water thus obtained is added to that which is being injected. The salt owes its diuretic action, therefore, primarily, not to any effect upon the kidney, but to its action in dehydrating the colloids of the whole body.

When equal amounts of equally concentrated solutions of different salts are injected, it is found that the order in which they produce diuresis is the same as the order in which they dehydrate (protein) colloids. Thus, in a series of chlorids, the metals arrange themselves in the following order, the one most powerful in producing diuresis being named last: potassium, sodium, magnesium, strontium, calcium. In a series of sodium salts, the acid radicals arrange themselves as follows: chlorid, nitrate, bromid, iodid, acetate, phosphate, sulphate. The greatest diuresis of all is produced by a salt which is made up of a powerfully dehydrating base with a powerfully dehydrating acid,—for example, magnesium sulphate.

The diuretic action of these different salts parallels completely their dehydrating effect upon (protein) colloids, a fact which again indicates that they owe their action primarily to their effect upon the body as a whole, acting as diuretics only as they furnish a working kidney free water.

To diuretics of a second order belong drugs like digitalis or caffein, which by their action on the heart and respiration assure a better oxygen supply to the kidney and the body tissues generally. Through improvement in oxygen supply to the kidney and the body tissues generally, the kidney is not only permitted to secrete the free water available for secretion, but improved



oxygen supply permits oxidation of the various acids accumulated in the tissues of the body, and so the tissues yield free water, which becomes available for secretion. Whether we deal with normally hydrated or abnormally hydrated tissues, the effect is the same. Under the influence of "diuretics" an edema is decreased, not because the secretory organs of the body have been "stimulated" to pull water out of the tissues, but because the "diuretics" act upon all the tissues of the body, decrease directly or indirectly by hydration capacity (lead to their shrinking, in other words), and the squeezed off water is then thrown off by the kidneys, bowel, skin, or lungs.

#### VII. THE NATURE OF NEPHRITIS.

After this general introduction regarding the nature of water absorption and secretion by protoplasm under physiological conditions and in states of edema, let us pass to the consideration of a specific organ, namely, the kidney, which under certain pathological conditions suffers changes of which edema constitutes an important part. In order to make my argument clear, let me begin by stating a general conclusion, and then adduce the evidence which justifies it.

I use the term "nephritis" in its generally accepted clinical meaning as covering that symptom complex which is characterized by the appearance of albumin in the urine, certain morphological changes in the kidneys, the associated production of casts, quantitative variations in the amount of urine secreted, quantitative variations in the amounts of dissolved substances secreted, etc.

In order not to confuse things, let us consider first such nephritides as follow, for example, a general intoxication of the kidney, in other words the so-called generalized parenchymatous nephritis. Where belong the other types of nephritis, as, for example, the chronic interstitial type associated with a cardiac hypertrophy and high blood-pressure, we shall see later.

*All the changes that characterize nephritis are colloid-chemical in nature, and are produced through changes in the colloids making up the kidney. As of first importance in bringing about these colloid-chemical changes, I count an abnormal production or accumulation in the kidney of acids and of certain other substances which in their action upon colloids behave like acids.*

If this conclusion is correct, it must be demonstrable in three directions. First, we must be able to show that there is evidence

in every case of nephritis of an abnormal production and accumulation of acids and similarly acting substances in the cells of the kidney. Second, we must be able to prove the converse, namely, that any method by which such an abnormal production and accumulation may be brought about results in the signs and symptoms characteristic of nephritis. Third, if we succeed in analyzing correctly, in the term of colloid chemistry, the changes which are characteristic of what clinically we call nephritis, we should be able to do something to relieve these clinical signs and symptoms or, better, prevent their development. This last statement takes us into the heart of the problem of treatment which we shall in consequence consider last.

#### VIII. EVIDENCE FOR THE ABNORMAL PRODUCTION AND ACCUMULATION OF ACIDS AND LIKE SUBSTANCES IN THE KIDNEY.

What evidence have we, first of all, to show that in every case of nephritis there is evidence of an abnormal production or accumulation of acid, and similarly acting substances in the tissues, composing the kidney? Proofs for this may be brought from three directions: first, when the urine is analyzed it is found that its acidity (whether measured by the old method of titration or in the more modern terms of the hydrogen-ion acidity) is always high; second, as even the older clinical students of the problem knew, the so-called alkalinity of the blood is reduced. These things already justify the conclusion that that which lies between the blood and the urine, namely the kidney, must show an abnormally high acid content. But proof for this may be brought directly. Certain dyes, for instance, may be introduced into the kidney which will show color only when a certain degree of acidity is reached. Such dyes do not stain a normal kidney, but when a kidney has been rendered nephritic it takes up the stain readily.

#### IX. EVIDENCE THAT SUCH ACCUMULATION IS FOLLOWED BY NEPHRITIS.

The converse of the above statement, namely, that any scheme which results in an abnormal production and accumulation of acid in the cells of the kidney is followed by the signs and symptoms of nephritis, is of great importance in our everyday clinical work, because what we call the causes of nephritis are, as we shall see, only such things as lead to an abnormal production and accumulation of acid and like substances in the kidney. Since we shall, in

discussing treatment, find ourselves under the necessity of recognizing and removing as many of such features as we can, it behooves us to get them clearly in mind.

The quickest way in which to increase the acid content of the kidney is to inject acid intravenously. When we do this, we find that the animal thus experimented upon begins to show a decrease in urinary output, which may go to the point of complete suppression, while such urine as is secreted is not only highly acid, but is charged with albumin, blood and casts. At the same time, the animal begins to retain the water that we are injecting along with the acid, and so develops a generalized edema. In other words, the animal shows all the signs and symptoms of a so-called parenchymatous nephritis.

Some of you will feel like interposing at this point that this is all very good from an experimental point of view, but that has nothing to do with the practical problems of every-day medicine. Let me assure you, therefore, that it has. As you know, we produce, even normally, enormous quantities of acids in our bodies in the course of our ordinary metabolism. The amount and rate of production of this acid can, however, be greatly increased at will. Whenever our muscles contract, they do so by reason of a production of acids (chiefly lactic acid) in them. When we exercise quietly, the oxidation of these acids follows rapidly, so they never accumulate to any extent in the muscles. But suppose, as in athletic endeavors of various sorts (rowing, running, basket-ball matches, etc.), we increase the rate at which the acid is produced. Our respiration and circulation then become accelerated in the effort to supply us with sufficient oxygen to oxidize the increased amount of acid thus produced. But when we work our muscles to the point of dyspnea, it means that in spite of the increased cardiac and respiratory activity we are no longer succeeding in this attempt. The lactic acid, therefore, spills over from the muscles into the general circulation, and by this is carried to the kidney. Under these circumstances we might expect to find albumin and casts in the urine. Perhaps you think that such hard athletic games occasionally yield a little albumin. It will interest you to know that they do yield, not a little, but a great deal. After hard athletic endeavors, athletes may show several grams of albumin to the liter, and such quantities of casts as we see ordinarily only in examining the urines from acute nephritics.

Now, the real reason why the athlete shows albumin and casts is because his respiratory and cardiac activity are inadequate, during the times of great acid-production in the body, to furnish sufficient oxygen to oxidize the acid as formed. But, as I stated before, we need a good circulation and respiration to oxidize even those quantities of acids which are produced when the organism is in a state of comparative rest. This explains why, when the circulation becomes embarrassed (as in heart disease) or where the respiration becomes interfered with (as from a pleurisy with effusion) that the acid accumulation in the body mounts, and as this acid accumulation makes itself felt in the kidney, albumin and casts appear in the urine.

But, even if we do not interfere with the heart's activity or the respiratory activity, but interfere with the oxygen-carrying power of the blood, as through anemia or carbon monoxid poisoning, we shall then also get this disproportion between the rate of acid production in the body and its proper oxidation, which, again, results in an abnormal accumulation of acid in the kidney, and therefore in the albuminuria and casts so common in these conditions. A lowering of body-temperature as incident to exposure to great cold also brings this result about.

You will observe that I have thus far spoken of conditions leading to nephritis which, in the main, lie entirely outside of the kidney. I emphasize this because all such extrarenal factors must be discovered, and removed as far as possible whenever we try to discover the cause for, or to relieve the signs and symptoms of, this clinical entity. But any cause which will interfere, directly or indirectly, with the normal oxidation chemistry of the body cells, and which affects the kidney itself, will lead to the appearance of albumin and casts in the urine and to the morphological changes characteristic of nephritis in the kidney itself. It is for this reason that tumors pressing upon the afferent or efferent blood-vessels of the kidney, or an arteriosclerosis involving the whole or pieces of the kidney, a thrombosis, an embolism, or similar disturbances—all result in the appearance of albumin and casts in the urine. Or without interfering with the circulation of blood into or through the kidney directly, we may make it impossible for this organ to use the oxygen which is brought to it. We shall then again have an abnormal production and accumulation of acid in the kidney. Thus it comes about



that we poison the kidney and produce a nephritis with the toxins of an infectious disease, with chloroform, ether, or alcohol, with arsenic, uranium, chromium, or lead, or with such substances as phosphorus or the nitrites.

#### X. THE COLLOID CHEMICAL CHANGES IN THE KIDNEY CHARACTERISTIC OF NEPHRITIS.

The acids, and similarly acting substances which in their action upon the kidney lead to the various signs characteristic of this pathological condition, do so on the basis of the colloid constitution of the kidney about as follows:

The kidney is composed of a series of colloids. Those which interest us most and make up the bulk of the kidney are the protein colloids, and the general way in which they behave toward acids of various kinds has already been touched upon.

When such protein colloid as fibrin is placed in a neutral solution (water) it swells somewhat. This is analogous to the normal state of the kidney. If a little acid is added to the water containing the fibrin, it swells much more. This is analogous to the enlargement of the kidney in nephritis (edema of the kidney). But at the same time that the fibrin swells in this way it also tends to go into solution. This is analogous to the going into solution of the kidney substance in nephritis, in other words, to the albuminuria.

The grayness of the kidney cells in nephritis is due to the precipitation of a second protein colloid contained in the kidney cells. This second protein behaves like casein. Normally, this is "dissolved" in the kidney protoplasm through the presence of alkali. Under the influence of an abnormal production of acid in the kidney, it is precipitated. The precipitation of this colloid with the swelling of the other gives the combination long familiar to the pathologists as "cloudy swelling."

Under the influence of a little acid, the kidney falls apart into its morphological constituents. The epithelial cells stick together and loosen in mass as the cement substances that bind the kidney structures together "dissolve." This marks the origin of the epithelial cast. By more prolonged action of the acid, or with a rise in its concentration, the epithelial casts are converted into granular casts, and later still into hyaline casts. The hyaline casts can be reconverted into granular casts by neutralizing the acid or by adding various salts to a given concentration of acid.

The process of the secretion of water by the kidney is made up of two parts; first, an absorption of water from the blood by the kidney; second, a giving off of this same water into the uriniferous tubules. The available experimental facts can be most readily interpreted by regarding the former as a process of water-absorption by the kidney colloids, and the second as a loss of water by these same colloids. The absorption half of this reversible reaction seems to be controlled by the production of carbon dioxid in the kidney cells, while the loss of this same carbon dioxid to the blood permits the subsequent loss of the absorbed water out into the uriniferous tubules. The presence of acid in the kidneys interferes with this play, and so with water-secretion. A second reason for a failure of the nephritic kidney to secrete its usual amount of water lies in changes present in the body as a whole, whereby the body comes to hold on to water in such a way that none is left over as "free" water to be secreted, as already discussed.

The absolute decrease in the amount of dissolved substances secreted by the nephritic kidney is secondary to the absolute decrease in the amount of water secreted, for the secretion of any dissolved substance is secondary to the secretion of water. The water washes the dissolved substances out of the kidney cells as it flows down the uriniferous tubules. The reason why the proportion of the various urinary constituents to each other is changed in nephritis, is due to the fact that the *absorption* properties of the kidney colloids are changed through the presence of an acid, and so the kidney cells not only absorb the various urinary constituents in a different proportion from the blood, but these are also washed out of the cells after absorption in proportions different from the normal.\*

#### XI. CLASSIFICATION OF THE NEPHRITIDES.

What has been said covers the essential elements of that which constitutes the picture of what we commonly call acute or generalized parenchymatous nephritis. But we know that there exist also chronic types of nephritis, and that in some of these we observe high blood-pressure, cardiac hypertrophy, etc.

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\*The "fatty changes" observed in nephritis are not touched upon here. "Fatty degeneration" is also a colloid-chemical problem, as Marian O. Hooker and I have recently shown. See "Science," xliii, 468 (1916), and our monograph "Fat and Fatty Degeneration."

This brings us to the matter of the classification of the nephritides.

*There is really only one type of nephritis,—parenchymatous nephritis.* There is however a difference in the amount of kidney substance that may be involved. It is well to distinguish between *generalized* and *focal* nephritis. It is in the generalized type that we observe the greatest decrease in urinary output, the most highly concentrated and most highly acid urine, the greatest amount of albumin, and the largest number of casts. When only smaller parts of the kidney are involved, all these signs are proportionately less. The first type of nephritis is found in cases of general intoxication, as in scarlet fever or in carbon monoxid poisoning, after an anesthetic, or in more chronic types of poisoning, as with phosphorus, chromium, or lead. If larger or smaller pieces of a kidney thus affected die, and the defect is replaced by connective tissue, the kidney substance is reduced in amount, and we find on autopsy the so-called *secondarily contracted kidneys*—one type, in other words, of the so-called chronic interstitial nephritis. As long as one-fourth of the total kidney substance which a normal animal has, is left intact, the animal, or patient, may be unaware of the fact that he has a kidney disease, for even less than this amount is adequate for all ordinary demands. Neither does such an animal, or patient, show any increased blood-pressure, cardiac hypertrophy, uremia, or any other of the alleged consequences of kidney disease. He may live and die without being aware of his kidney condition, and we have at the present no way of diagnosing such a state before death.

In the commoner types of chronic interstitial nephritis which we find in association with blood-vessel disease, heart-hypertrophy, and high blood-pressure (the so-called *primarily contracted kidney*)<sup>1</sup>, we also deal with a gradually progressing focal destruction of kidney substance. The primary change in this condition is not kidney disease, however, but *blood vessel disease*; and the general signs observable in such a patient are, primarily, not due to defective elimination of poison through the partially destroyed kidneys, but to the effect of the vascular disease itself in the different organs of the body. The heart-hypertrophy and the high blood-pressure are nature's method of meeting the consequences of the vascular disease. In consequence of the changes in the blood-vessels, one fragment after another of the kidney may be destroyed, and

replaced by connective tissue, but between these spots the kidney is largely normal; and so the decreased urinary output, the albuminuria, the casts, etc., may be largely, or entirely, absent in these patients, at least in the earlier stages of their disease.

While infections of the kidney are not ordinarily classed with the true nephritides, they might as well be. The kidneys here show the same changes, and die in the same way, as when a poison affects a whole or any part of the kidney. An infection involving the whole kidney (general intoxication) shows much albumin, many casts, and a small water output. When the infected spots are small, as in the early stages of renal tuberculosis, these findings are also less intense. And since blood-vessel disease does not usually go with the ordinary infections, high blood-pressure and cardiac hypertrophy are usually absent in these cases of kidney infection.

## XII. ON THE TREATMENT OF NEPHRITIS.

These remarks will suffice to indicate why I have formulated the general rule for the prophylaxis and treatment of nephritis in the following terms: *As far as possible, avoid, remove, and combat every condition that favors the abnormal production or accumulation of acids and like-acting substances in the kidney.* Evidently, the pathological condition of the patient must be taken into consideration in the application of this rule. An anesthesia nephritis, for example, with suppression of urine, will call for a more aggressive therapy than a nephritis secondary to a slowly progressing arteriosclerosis. If we succeed in getting the first nephritic over his immediate kidney symptoms, we may make a hopeful prognosis; for, when he has exhaled his anesthetic, he has rid himself of the condition that was responsible for the abnormal acid content of his kidneys. But in the case of the second nephritic, so hopeful a prognosis cannot be made; for, while we may also benefit him, he continues to carry the original condition (his arteriosclerosis) that brought him to us, even after we have treated him.

My rule for the treatment of the threatened or established case of nephritis may be summarized in these words: *give alkali, salts, and water.* The reasons in brief are as follows: the alkali is given in order to neutralize the acid present in abnormal amount in the kidney and in the other edematous organs of the body; the salts are indicated (sodium chlorid is no exception)



because the various changes induced in the kidney colloids by acids are counteracted by adding to such acid any salt, even a neutral salt; we need to give water in order to have more of it present in the body than is necessary to saturate all the body colloids, otherwise we shall have no "free" water left for the secretion of urine.

For exact details as to how such a scheme of treatment is to be used,—and only its proper use will give satisfactory results,—the reader must be referred to a longer discussion than is here possible.\*

It is advantageous to add to the alkali, salt, and water therapy already discussed, an active administration of sugar, dextrose (chemically pure, anhydrous glucose), either by rectum or intravenously. Or dextrose, or some dissaccharid, or starch may be given by mouth, if the patient is able to take food, or is not vomiting. The reasons for giving sugar are two: first, the older, well-recognized one, that carbohydrate starvation is very common and a potent cause of "acidosis"; and, second, because sugar, which is comparatively ineffective in reducing an excessive hydration of protein when induced through an accumulation of acid, is very effective in reducing the hydration produced by other means, while the salts, which are very effective in reducing an acid hydration, largely fail when the hydration is produced by other means. As we wish to combat all the possible causes of the hydration at once, we give besides the alkali both salt and sugar.‡

#### XIII. ON THE ALLEGED CONSEQUENCES OF KIDNEY DISEASE.

A final word is necessary regarding the alleged consequences of kidney disease. It is generally urged that the generalized edema, the "uremia," etc., of a patient, is secondary to the kidney disease. This is in the main incorrect; for nephrectomized animals develop either no edema at all or only a very slight one, as compared with the edema developed, for instance, after the injection of uranium nitrate. Neither do they die with signs or symptoms which clinically we call "uremia," even though they live many days. But when we give an animal a "kidney poison" of some sort, such

as uranium, it develops an edema in the course of a few hours, which at the end of about two days may have increased to represent fifty per cent. of the original body-weight of the animal. This means only one thing,—that *what we call the consequences of kidney disease are not consequences, but are the same thing as the kidney disease manifested in the different organs of the body*, and all due to the same poison which originally produced the kidney change. The headache, stupor, coma, and convulsions of "uremia" are due, in the main, to an edema of the brain, the changes in sight to an edema of the optic nerve or retina, the vomiting to an edema of the medulla, and the generalized edema to a swelling of the body tissues generally, all induced through the same poison circulating through the body and responsible for the edema of the kidney (nephritis).

What relation does the "uremia" of chronic kidney disease associated with cardiac hypertrophy, high blood-pressure, etc., bear to the uremia just discussed? Is it due to retained poisons which the kidney has failed to excrete? Not in the main. This "uremia" is also an edema of the brain, but is induced this time through the defective blood-supply to the brain brought about through vascular disease. These "uremic" attacks are periodic edemas, and are analogous to the periodic glaucomatous attacks (edemas of the eyeball) to which these same patients are liable.

#### XIV. REMARKS ON VASCULAR DISEASE.

These facts will serve to emphasize why, in treating our patients with chronic interstitial nephritis, we need from now on to pay more attention to the primary vascular disease and to its relief than has thus far been our custom. We must stop treating the kidneys as something primary, and the high blood-pressure, cardiac hypertrophy, etc., as things bad in themselves, which they are not. We must do everything in our power to stop the progress of the blood vessel disease itself. And this raises the question of the cause for the pathological changes in the blood-vessels. Everything has been named as a cause of blood-vessel disease, though that any of the things are really concerned can hardly be said to have been proved. However had alcohol, gastro-intestinal poisons, etc., may be for an established vascular disease, this is not synonymous with saying that they cause it. Whenever a general intoxication strikes an organ, that organ is usually af-

\*See my book "Oedema and Nephritis," second edition, pages 537 to 644, published by John Wiley and Sons, New York, 1915.

‡Under no circumstances are alkali and sugar ever to be boiled together or mixed and kept in stock. They are best given at separate times, or are not mixed until the very moment that they are to be administered.

fectured fairly uniformly, and so we should expect that if any general poison were responsible for vascular disease, all parts of a blood-vessel, say all the media or all the intima, would be uniformly involved; but it is characteristic of vascular disease that it appears in spots. There must, therefore, exist for it a spotty cause, and not such a general cause as a generalized intoxication.

It is characteristic of micro-organisms producing thrombotic changes in the smaller blood-vessels to give rise to such spotty destructive lesions. In any case of vascular disease careful search should, therefore, be made for possible infections. Of first importance, no doubt, stands syphilis. In cases where such a cause could be shut out with a fair degree of certainty, I have looked for infected tonsils, infected teeth, infected ears, infected antra, infected pelvic organs, and old genito-urinary infections as possible sources of microbic infection of the blood-stream with thrombotic changes in the smaller capillaries of the parenchymatous organs and in the vasasorum of the larger blood-vessels and it has seemed to me that through removal of such chronic foci of infection from accessible regions, together with a scheme of living directed toward building up the natural resistance of the body to infection, greater relief was assured patients with cardiovascular-renal disease than by our older methods.

#### DISCUSSION.

**Vice-President Marvel:** At Dr. Fischer's suggestion I will give any member present the opportunity of asking Dr. Fischer any question concerning this subject he desires. This will take the place of any discussion.

The following questions were asked: "In the use of organic acids of fresh fruits do the acids oxidize to carbonates? In glaucoma should one use the citrates to control the edema? What effect has the intravenous injection of colloidal sulphur? What is the diet in the condition known clinically as chronic interstitial nephritis? What would be your treatment for so-called uremia? Has the Karell treatment any advantages? Is a blood pressure of 140 normal in a man of sixty years? If we use dextrose does it prevent the oxidation of the tissues of the body? What do you mean by a clinical uremia? Does a child make a complete recovery from the nephritis of scarlet fever? Is there any permanent damage from the violent exercise indulged in by athletes?"

**Dr. Fischer, closing:** The organic acids consumed with our common fruits and vegetables are of two kinds: Those which are readily oxidizable in the body to carbonates, and those which are not. Generally speaking, a fruit and

vegetable diet, therefore, leads to an alkalization of the patient. Even if fruits and vegetables are acid as eaten, the conversion of the organic acids contained in them into carbonic acid makes the final effect that of feeding alkaline salts, for the "strong" bases (like sodium, potassium and calcium), contained in these foods become ultimately combined with the "weak" carbonic acid. Among the acids which are scarcely oxidizable in the body, are oxalic, tartaric and benzoic acids, wherefore vegetables and fruits containing these (like tomatoes, grapes and cranberries), are to be fed patients whom we wish to alkalize with more caution than other fruits and vegetables.

Glaucoma is an edema of the eyeball, and the practical question of its treatment needs, first of all, to ask regarding the etiology of the edema. The factors for this may lie within or without the eyeball. Nineteen of twenty-two glaucoma cases that I saw were due to an arteriosclerosis; in other words, to disease essentially outside the eye. The remaining three were due to metastatic infections in the eyeball itself. Glaucoma, then, is produced by the same factors which produce swelling in a kidney, wherefore the problem of treatment and prognosis in the eye disease becomes identical with the problem of treatment and prognosis in nephritis. Subconjunctival injections of sodium citrate, or of other dehydrating agents, lead to a decrease in ocular tension, just as these same materials will dehydrate a mucous membrane and produce catarrhis or decrease the swelling in an edematous kidney. But since a swelling of the eyeball may be produced not only by causes which lie within the eye, but also by edema-producing causes lying without this, local treatment in glaucoma is best combined with systemic treatment, which, in addition to recognizing the etiological factors active within the eye itself, tries also to meet those without through the systemic administration of alkali, of magnesium sulphate, etc., and through the institution of schemes which will in this way tend best to keep the eye permanently dehydrated.

I am not able to answer the question regarding the merits of the intravenous injection of colloid sulphur.

Chronic interstitial nephritis is, to my mind, the consequence of successive attacks of parenchymatous nephritis involving small portions of the kidney. This destruction of piece after piece of the kidney may be due to local infections, or to the consequences of vascular disease shutting off the blood supply to piece after piece in the kidney, the vascular disease in its turn being dependent upon an infection of the blood vessel walls. In either case we need to examine the patient for possible points of infection, like syphilis, neglected teeth, infected tonsils, old prostatic infections, etc., and eliminate these as far as possible. In the effort to, make as innocuous as possible the effects of such conditions as we can not remove, proper attention to diet, the use of enough alkali to keep the urine constantly neutral, and a moderation in the day's activities are of primary importance. In regulating the diet it should be remembered that the essential problem is still the meeting of an infection, and hence a too rigid regulation is to be avoided. Personally, I allow my patients to continue



upon a general mixed diet, but I teach them to consume their fruits and vegetables first and then permit the meats. This simple trick accomplishes an increase in the consumption of the alkaline side of the diet, with a reduction in the protein, acid-forming side of the diet.

For reasons that I have already made clear, I do not think that what we call uremia clinically, is dependent upon a loss of kidney function. The headache, the nausea, the vomiting, the coma, the convulsions and death, which are so frequently alleged to be uremic, are really all of them only symptoms and signs of an edema of the brain, and the diagnosis in patients showing such manifestations should be brain edema and not something else. This same brain edema may occur not only in patients who happen to show albumin and casts in the urine, but also in diabetes, in intoxications of all sorts, after anesthesia, and as a consequence of circulatory disturbances to the brain itself, secondary to vascular disease, for example. After recognizing the causal elements in the production of brain edema, our purpose must again be that of reducing the swollen brain, and this is accomplished by increasing the alkali, increasing the concentration salts, etc., in the swollen brain colloids. I use these materials by mouth, by rectum, or intravenously. What will be the ultimate results obtained by such methods depends, however, more upon the conditions which have determined the edema than upon the edema itself. Such an acute toxic brain edema ("uremia"), as is incident to an acute alcoholic debauch, to an evanescent infection or to something of the sort, is not only readily reducible through alkali and salt, but such reduction is synonymous with "cure." For if the patient is merely tided over a few hours the conditions originally producing his brain edema also pass away. On the other hand, even though we succeed in reducing the brain edema secondary to an arteriosclerosis, the arteriosclerosis remains and sooner or later is likely to give rise to another attack of headache, of nausea, of coma, or even death.

It is generally held that the Karell treatment in edema, or in acute nephritis with edema, owes its good effects to the low sodium chloride intake. As you know, the Karell treatment consists, in essence of feeding the patient nothing but 500 c.c. of milk each twenty-four hours. Now while such diet gives him little sodium chloride it is not to this fact, I think, that the treatment owes its good effects in decreasing a general edema, or in relieving the urinary suppression incident to acute parenchymatous nephritis. Its real merit resides in the restriction of water which this treatment accomplishes. It is not generally remembered that while a normal kidney is supposed to give off some 1,500 c.c. of urine each twenty-four hours some 2,000 c.c. or more of water are lost daily through the lungs and skin. A patient on the Karell treatment, even though he put out no urine whatsoever, will therefore lose one to two kilos in weight every twenty-four hours. Obviously such a scheme must reduce his edema. Does not such treatment accomplish much good? It may do so, for a swollen organ like a kidney within its hampering capsule, or a brain within its bony skull, in the

process of swelling compresses its own blood supply and so tends actually to kill itself. When such a patient is made to lose water by refusing to give him any, he will, of course, begin to dry out at the rate of a kilo or two of water daily, and in this drying process his swollen kidney and his swollen brain must participate. As this occurs, pressure on the blood vessels is relieved, there is better circulation through the different organs, and so we may see a dry kidney begin to secrete again or a comatose patient to wake up. From these facts it is clear that the good effects at times obtainable by the Karell method are in no sense proof of the merits of a sodium chloride restriction therapy; they argue, rather, for the merits incident to reduction of colloid swelling.

It is generally said that a systolic blood pressure of 140 mm. of mercury in a man sixty years old is normal. Personally, I suspect the statement. Any systolic blood pressure that runs above 125 mm. demands, in my opinion, careful study of the patient with an eye to uncovering a beginning arteriosclerosis.

It has been asked how dextrose produces the good results it does in the acute edemas. Its action is two-fold. Carbohydrate is, first of all, the first of the food materials found in protoplasm which is exhausted when a patient is starved. But inadequate carbohydrate feeding or inability to use properly such as is fed (as occurs in diabetes and certain infections), means an improper oxidation of the fats with the production of the so-called "acidosis" compounds. The importance of these in the production of edema we have already discussed. To give enough sugar or other convertible carbohydrate tends, therefore, to prevent such acid intoxication. But the feeding of carbohydrates, or the direct administration of dextrose by mouth, by rectum, intravenously or by topical application, produces a reduction of edema in yet another way. While dextrose is relatively impotent in the reduction of colloid swelling when induced by acids, it is very powerful in reducing such swelling when this is produced by the amins, and since the toxins of the infectious diseases are, so far as we know, amins, the administration of dextrose in suitable concentration tends to reduce any edema produced by such substances.

I no longer use the word uremia to cover that symptom complex which the clinicians call uremia. The proper diagnosis is brain edema, the cause and treatment of which we have already taken up.

Since we do not know what is the organism that produces scarlet fever, it is a little difficult to say whether a child that has had a nephritis from scarlet fever recovers permanently or not. The casts, the albumin, etc., which appear in the urine in the course of scarlet fever make possible the diagnosis of nephritis, but we do not know as yet whether these are the consequences of simple intoxication of the kidney by soluble poisons absorbed from the throat, for example, and carried into the kidney, or whether the kidney is actually infected with the same organism which is producing the symptoms and signs in the oral cavity. Ordinary toxic edemas of the kidney (parenchymatous nephritis) are usually recovered from completely when the source of the in-

toxication is removed, but when organisms are sown into a kidney these may live there as independent foci of infection and so produce their destructive effects upon the kidney for indefinite periods.

I cannot believe that the violent exercises indulged in by college athletes and others are not fraught with danger. The acute acid intoxications incident to any sudden and prolonged hard work may, of course, be recovered from. But our college athletes spend weeks and months developing heart hypertrophies, for example, in order to meet an athletic competition a few minutes long. After the contest, the hypertrophied heart is left without adequate work to do, and so does the best it can to shrink back to a more normal size. I do not think that this process of voluntary hypertrophy of the heart, with subsequent atrophy, can be accomplished without scar. Chinese coolies, African runners and South American packers, all of whom have hypertrophied hearts, are not to be compared with our athletes. The loads which these human burden carriers struggle under are maintained throughout their lives and so the cardiac hypertrophies which they produce are also kept up as long as they live.

## Anniversary Banquet.

HOTEL NEW MONTEREY, ASBURY PARK, WEDNESDAY EVENING, JUNE 21, 1916.

About 750 officers, members and guests filled the spacious dining rooms to overflowing at the 150th anniversary meeting.

At the conclusion of the banquet, President Chandler, as the toastmaster, called the banqueters to order at 9.50 P. M.

*The Toastmaster:* We desire to have order now, that we may listen to the best part of this entertainment, which is to follow in this room. Before we begin with the speakers, the chairman of the General Committee, Dr. David C. English, has some announcements to make.

*David C. English:* Mr. President, Ladies and Gentlemen—You all realize that this is a memorable occasion—the celebration of the 150th anniversary of a Society of whose record we have a right to be proud. We have been glad to welcome not only an unusually large number of our members who have honored us with their presence to-night, but we are especially glad to welcome the largest number of guests we have ever had; some of whom have come great distances to honor the occasion and honor us, with their presence. We have at the table several presidents of State societies. One president has come all the way from the State of Washington. (Applause). Another from South Carolina (applause); from Massachusetts (applause); from New York (applause), and from Delaware

(applause), and from the District of Columbia (applause).

But there are some that we miss to-night whom we had hoped to have with us, and I rise especially to call your attention to some of those whose absence we deeply regret on this anniversary occasion. I want just to glance over a few of the letters, for I am not going to detain you. You have come to-night to listen to distinguished speakers, who are here to address you. I want to read you a letter from President Woodrow Wilson. (Applause). I wrote him a letter and then asked Dr. Marcy, who is a friend of his, to go and see him; he saw him twice, and urged him to come. This is his letter:

Washington, D. C., May 22, 1916.

My Dear Doctor Marcy:

I am sure you will believe that if it were possible, I would attend the celebration of the one hundred and fiftieth anniversary of the New Jersey Medical Society, but you have been in Washington once or twice recently and must have caught some glimpse of the toils in which I am held here. It is literally impossible for me to give myself pleasure of this sort at this season, while Congress is hurrying towards a completion of its tasks.

All I can say, therefore, is that I extend my warmest congratulations and best wishes to the society and hope that you will tell them how deeply I regret my inability to attend the celebration.

With warmest regard,

Sincerely yours,

Woodrow Wilson.

(Much applause following the reading of the letter).

Of course, we expected the Governor of our State, who has several times honored us with his presence.

The following letter was received from Governor Fielder on May 23:

"For Mrs. Fielder and myself, I am very glad to accept the invitation of the Medical Society of New Jersey, to attend its banquet on the evening of June 21 at the New Monterey, Asbury Park.

"Mrs. Fielder and I very much appreciate the desire of the Society to have us attend another banquet and we are looking forward with much pleasure to this occasion.

"Very truly yours,

"James F. Fielder."

(The letter was read and received much applause).

I heard this morning that he could not



come to-night and so I telephoned him and urged him, if it was within the range of possibilities, to come if it was only to spend fifteen minutes with us. I have just received a note from him saying he found it impossible, as the State troops were just arriving en route for the Mexican border and he could not leave them with preparations at Sea Girt incomplete.

The following letter has been received from the president of the Royal College of Surgeons, London, England:

75 Cavendish Square, London.

Sir Watson Cheyne regrets that under present circumstances he is unable to accept the kind invitation of the Medical Society of New Jersey for June 21. He, however, wishes on behalf of the Council of the Royal College of Surgeons of England and on his own behalf to congratulate the Medical Society of New Jersey on its 150th anniversary and to wish it a long continued and prosperous existence. (Applause).

Letters of a like tone have been received from the president of the Royal College of Physicians of England; from the president of the Isthmian Canal Zone; from the president of Canada Medical Association; from Surgeon-General Gorgas of the U. S. Army; Major General Leonard Wood, M. D.; Surgeon-General William C. Braisted of the U. S. Navy; Prof. Adami, M. D., of Canada; Dr. C. H. Mayo of Rochester, Minn.; also from several presidents of State medical societies. All send heartiest congratulations with their deepest regrets that they cannot be with us to-night.

Surgeon-General Rupert Blue of the U. S. Public Health Service, who is also president of the American Medical Association, also expected to attend, but pressing duties have prevented.

There is one other pleasant duty assigned me to-night. I have, in looking over the records of our State Society, noted the men—grand men—who served us long and faithfully in our State Society. I recall only just two or three of them: William Pierson, Sr., who served us as secretary thirty-one years, followed immediately by his son, William Pierson, Jr., who served us thirty-one years—sixtytwo years from those two men, father and son. (Applause). I also recall Jeremiah Smith English, who served this Society as its treasurer thirty-three years. We are reminded to-night, as we gather together, of another treasurer, who completes to-night twenty-five years of service as the faithful treasurer of this

State Society. (Applause). It is eminently fitting, that we take notice of the service of Dr. Archibald Mercer of Newark. (Applause). We thought that we might present him to-night with a resolution showing our appreciation, our love and respect for him, for these long years of service, but that is not enduring. The ink would fade and the paper would be lost. We wanted something more enduring, and so we brought here a silver loving cup (applause), of sterling silver (applause), because it is to be presented to a man of sterling worth. (Applause). He has served this Society these twenty-five years past, and that service has had the true ring, without alloy. Mr. President, I put this in your hands, with this beautiful inscription on it: "Presented to Archibald Mercer, M. D., by the Medical Society of New Jersey on its 150th Anniversary, as a Token Commemorative of Twenty-five Years of Faithful Service as Treasurer—June 20-22, 1916."

*The Toastmaster:* Dr. Mercer (applause), it is a most delightful privilege that your President enjoys to-night, to present to our beloved and worthy Treasurer this expression of the Society's appreciation of his long-continued and faithful service. (Hands him loving cup). (Applause).

*Archibald Mercer:* Mr. President, Ladies and Members of the Medical Society of New Jersey—I feel the embarrassment which a modest man should feel at this expression of the Society for the little work that I have done for it. If my eloquence equalled the eloquence of Dr. English, I would keep on talking for half an hour. In fact, a few minutes ago I heard there was something to be done, and I said I would get Dr. English to make my response. Now I think I'll make it myself. If we were in any other part of the New Jersey beach (Asbury Park is a prohibition city), it would be a great pleasure to me to have that thing filled and passed around. (Applause and laughter). However, as there is nothing but water to be obtained here, except possibly some private tap upstairs, I suppose you are all as well off as I have been to-day.

Seriously, the honor that this Society has paid to me, has been something unique in its history. There is no one else that I knew of and I did not realize that even I had served for twenty-five years. It has been a pleasure to me to do the work that has been given me. And I appreciate the

fact that year after year, without any opposing candidate, I have been re-elected. And inasmuch as I was to-day elected for the twenty-sixth time, having finished my twenty-five years, I can only make this modest suggestion—that perhaps it would be not asking too much if I might be again elected for a quarter of a century. (Applause and laughter). Perhaps, by that time, I can have another cup, not in silver, not in sterling silver, as my friend Dr. English says, but in gold. (Applause).

*The Toastmaster:* We will now proceed to the regular order of this evening's entertainment. You need no prefatory remarks from your President. He has already portrayed the conditions of this occasion in his address which was read last evening, relating to our anniversary; the only word which I would add is a most cordial invitation to you all to be present here, one hundred and fifty years hence, at our tercentennial !!!

We have always been closely allied with the clerical profession. Our first president, as you know, was a minister of the gospel, and at the same time a skillful physician. We are to cement all the bonds that unite us to the different professions, and we will begin with the clergy, and ask you to hear from our friend, the Rev. Dr. Charles A. Eaton, the pastor of the Madison Avenue Baptist Church in New York City, and a resident of Plainfield in the State of New Jersey. Dr. Eaton. (Applause).

*Rev. Dr. Charles A. Eaton:* Mr. President, Ladies and Gentlemen—Before congratulating you upon being 150 years old, I wish to express the pleasure I feel in appearing first on this program. I regret exceedingly that it is necessary for so many to stand, but I am not going to speak a long time, and you can stay and listen to those who follow me just as long as you like—(laughter)—only we must first get the clergy safely out of the way.

I am to speak to-night for the clergy, or perhaps I should say as a clergyman. I did not know before coming here that this wonderful organization was founded by a preacher; although most wonderful things have been done by preachers in days gone by. As I look back over the 150 years of your existence I can picture in my mind the conditions which obtained when that sturdy preacher saw the necessity of doctoring the people's bodies as well as their souls. I imagine that the doctoring was

rather primitive—sulphur and molasses, calomel and asafoetida and a few pleasant things like that, but probably he was about as successful as some of you for all I know. (Applause). The preacher and the doctor are very close together in their practice, and ought continue to be so; although I believe that when the funeral comes the doctor usually stays away and leaves it to the preacher alone.

In my practice as a doctor of souls I have always associated myself with some physician, because I have found that a large proportion of the spiritual difficulties under which people labor are due to the liver; and when I am unable to reach the liver by my exhortations, being addressed mainly to the heart, then I call in my brother physician of the body, and with his assistance we cure or kill the patient.

Looking over the 150 years that have gone, one is impressed by the changes they have brought. This State had only 100,000 people in it, I believe, 150 years ago. It was owned by some twenty proprietors, and they were all land poor and glad to get rid of their holdings on any terms. One hundred and fifty years ago we were a ragged group of colonists along this Atlantic seaboard, but there were throbbing in the bosoms of our people, even at that time, the beginnings of that revolution out of which was born this great republic, and as I saw these gentlemen come in here to-night in the uniform of their nation, prepared to strike another blow for the freedom of a sister republic unable to handle its own affairs, I could not but realize the tremendous progress which the race of man has made in that 150 years.

The accumulation of knowledge in the last century and a half is the great phenomenon of that period of time. One hundred and fifty years ago your science, your profession, amounted to very little. People knew practically nothing about the body. The only things they knew a hundred years back were things which they couldn't see—things about the soul. The whole situation has been reversed; now ministers are the people who know nothing, and doctors are the people who know it all, or pretend to. Think of what it means to be a physician to-day! Think of the tremendous volume of technical knowledge that confronts the student of medical science to-day! Think of the absolute impossibility it is for any man in your profession to be a master of all branches of that profession. The vast



accumulation of knowledge in your profession in 150 years has created the necessity for the specialist; and the necessity has brought with it one of the chief dangers of our modern life.

We specialize in law, we specialize in business and we specialize particularly and peculiarly in the science of medicine and surgery—we have got to do it, and that creates a situation where it is absolutely necessary for our medical men to be thoroughly educated in every power they possess unless they are to lose their place as factors in the progress of the race; for the specialist doesn't amount to a hill of beans if that is all he is. A man may know everything there is to know about the eye, and be practically an idiot in other great departments of life. A man may know all there is to know about the liver or the heart and be an absolute nonentity in politics, art, religion, economics and the various other departments of life if he devotes his entire power to that one thing.

Gentlemen, I have come here to-night as a doctor of souls to say to you, with the man who organized your Society and was its first president, that the real joy of every life, supreme value and meaning of every life, is something greater than the body; something greater than the mind, it is the fact that man is a spiritual entity with a spiritual relationship. His nature is a spiritual process carried forward by spiritual laws to the fulfillment of a spiritual destiny. And the greatest needs that I can think of, which confronts everyone of us tempted as we are to undue specialism, is the need of making ourselves, apart from our specialty, real men. That is to say the medical profession as a measure of self preservation must step aside from its specialty and must become great in the church, great in the educational advancement of the people, and great in the social and political progress of the State.

A great man will make a great doctor, and he cannot be a great doctor unless he is a great man. He cannot be a great preacher unless he is a great man. You cannot be a great lawyer unless you are a great man; and a great man is a man of wide scholarship and wide horizons, with sympathies that are supported by large heart action and large soul relationships. I feel that the chief danger of our American civilization is to shrink our lives into the circumference of a specialty and to forget that we have a thousand hands with which

to reach out to the universe, a thousand windows through which to view human nature, and nature itself, a thousand possibilities of response and service to the myriad-voiced cry of the world without us.

Now, I did not mean to start preaching, but a preacher cannot help it, it is just natural. And, after all, that is what the preacher is for. I heard about a colored brother who was put on the stand as a witness against a man who was accused of profane swearing in the public streets, and the lawyer said, "Did you hear any profanity?" The colored brother answered, "No, boss, I didn't hear nothing like that." "Do you know what profanity is?" "No, boss." "Well, what is it that the preacher uses in his prayers and sermons?" "I don't know, boss." "Well," said the lawyer, "did you hear any words that this man used which were like the minister uses when he prays?" "Why, yes, boss, I did hear quite some words like that, but the arrangement was different." (Applause and laughter).

I have a friend, a clergyman, who like all ministers and some doctors, was exceedingly shy. When he was a theological student he could hardly remember his name on an examination, and in order to make things easy the solid Scotchman who presided over the school gave him an oral examination in Hebrew. When John stood up to give his answer to the questions concerning the ancient language he was stuck. At last the doctor said to him, "Now, you know the word blood, the Hebrew word for blood. Tell me that and I will let you go." "Blood?" says John. "Now that is strange, doctor. Blood? I ought to know that word for blood." "Why, of course, you know it," said the doctor, who was a grim old Scotchman. "Know blood?" Of course I ought. "Why yes," the doctor said, "it is dam." "Dam," says John, "dam? Why doctor that word has been running through my mind for the last hour." (Laughter).

Yes, we preachers and we doctors have much in common. I regret that the theological profession has not made the progress your profession has in actual mastery of facts during the last century and a half. Perhaps it was unnecessary, because the facts we deal with are eternal and do not change with the passing years. I don't know. But of one thing I am certain that as we stand here to-night commemorating this wonderful history of a century and a half we are face to face with the oppor-

tunity of the ages—the opportunity to take our splendid achievements in science and devote them to the building up of a type of manhood and womanhood which will be worthy of this fair land of which we are proud to be citizens.

I look forward for a moment; having gone through the 150 years that are past, I will now take up the 150 years that will immediately follow, and after that we shall have a few concluding remarks.

One hundred and fifty years from to-night this great multitude of splendid men and women breathing, dreaming, prophesying receptive to the universe within and without—we shall be silent; our work done.

If our nation were to grow as rapidly in the next 150 years as it has in the past 150 it would then have more people within its borders than there are at present in the entire world.

Of course that would seem to be a physical impossibility, but whatever our part in the future, as a nation or as individuals, we have our part in the glorious present assured. We stand to-night at the greatest moment, perhaps, the world has ever known. And never has the true American had such responsibility placed upon him. The founder of this Society felt his responsibilities. He was more than a preacher; he was a great citizen. He was more than a doctor; he was a great man, and that is what the men of this Society and of this country to-day should be, so great in our endeavors to aid the State and so big in our souls that when the 150 years roll by there will be something of worth left to the nation as the result of these years in which we have lived and loved and toiled. I bring you the greetings of my profession, a great profession, a profession which will never cease to be of real service to mankind, and please God your profession and mine shall go forward working side by side to make men and women perfect in body, in mind and in spirit. (Applause).

*The Toastmaster:* We feel the bonds that binds us to the clergy, and Dr. Eaton has well said that the clergyman and the doctor finish up the man. Now, it is often said that "dead men tell no tales," but there is a profession which has to deal with a man's estate; and, frequently, a man who is dead is of more benefit to that profession and to those he leaves behind him than when he was alive. I take great pleasure in introducing the Hon. Robert M. McCarter, who was formerly the Attorney-

General of this State, who will address us in behalf of the legal profession.

*Hon. Robert H. McCarter:* To be called down here in the midst of a most busy professional season, and to undertake to interest this vast assembly, many of whom, as Dr. Eaton has already said, are compelled to stand, is not an experience of my seeking.

You know, on occasions of this kind, we are always reminded of a story, and I am reminded of one that I will now tell, with apologies to my clerical friend. There was a jubilee in England, such as we have been having in a small way in Newark, and they had a parade; the parade was being watched by all the village people who were not themselves engaged in the pageant, and the parade was being led by a great big, brawny Englishman, who was dressed in a ceremonial costume. He had a leather apron on, wore a big brass helmet; his legs were bare, his arms were bare, and he carried in his right hand a big battle-ax and, like all Englishmen, was walking in a self-conscious manner, when one of the bystanders, who had a classical education, said: "Are you Appius Claudius?" And he replied: "No, I'm as un'appy as 'ell!" (Applause and laughter).

Now, to be entirely candid, that is somewhat my situation. One hundred and fifty years is a sesqui-centennial, as I learned at Princeton, and those fellows knew Latin, they tell me. When I was at Pompeii, I saw a set of medical instruments that had been found in the ruins of that ancient town. One of your most distinguished members, my friend Dr. Edward J. Ill, afterwards told me that he had examined those instruments and found they were, almost to a unit, the representatives of the modern surgical instruments; so that those fellows, who were both clergymen and doctors, 150 years ago were not altogether novices.

But, of course, you as doctors know that while the profession is older than Christianity, the greatest progress has been made in the last seventy-five years of the life of your Society. And I suppose nothing has conduced to the lives of your patients and the comfort of your patients so much as has the introduction of antiseptic surgery and of anæsthesia, both of which, as you know, have come within the last seventy-five years. And think of the progress in the skill and courage of surgeons.

I once heard Dr. Deaver of Philadel-



phia, say that he had performed over 10,000 appendicitis operations, with small fatality. But this occasion reminds me of another story, which I heard Bishop Lines tell the other night, which may be old to you all; but some of the ladies, perhaps, have not heard it, and they needn't be afraid that it is going to be anything that will offend.

A man had been subjected to an operation for appendicitis, in the most modern, up-to-date hospital that his city afforded. When he came to, he found himself lying in a bed, of which there were several others in the room, and everything seemed very pleasant. He felt pretty happy, and he said, after heaving a sigh, just coming out of the ether: "Well, that's done for anyway." "I beg your pardon!" the occupant of the bed first to his left said, "I wouldn't be too sure." "Why?" this man asked. "Well," he said, "after I was operated upon and I came to, they had to open me up again to take out a towel." "I am sure," the man in bed No. 2 said, "I was worse off than you were." "And how was that?" he asked. "Well, after they operated upon me, they had to open me up again to take out a pair of forceps"; and just about that moment the operating surgeon stuck his head in the door and asked: "Has anybody here seen my hat?" (Applause and laughter).

A great deal has been said to-night concerning specialism in medicine. It has seemed to me as a layman, looking at the picture from the outside, that the day of the good, old family physician has passed, and that the modern so-called family physician is nothing much more than a clearing house—a man who feels competent to advise me what particular doctor I ought to see and (I am not criticizing) whether I shall go to the surgeon, or whether I shall go to an eye doctor, or an ear doctor, or a man who looks after your feet, or your heart, or your lungs, or (as a modern fad has it), to a dentist; that is the present family physician. I feel that while it may often tend to greater health, we can't afford to dispense with the old family doctor. As for myself, I wish I had your health. I believe we have in our State very few business or professional associations with officials that live to serve twenty-five or thirty years in office and are yet healthy men; I would rather be an officer in a medical society than anything I know of. (Applause).

You men seem to live forever! But it seems to me that when we have lost the old-fashioned family physician, that brought the babies into the world—we didn't have to have a specialist upon that occasion—they saw them grow, took them through measles, typhoid fever, scarlet fever and all the ills that the young flesh is heir to, saw them grow up, and, I heard my friend, Dr. Fewsmith say once, how happy he was in taking care of the second generation; having brought the fathers into the world, he is now bringing in their children; of course, he had a personal interest in the family, and they had a personal interest in him.

The late Dr. Joseph C. Young, known to many of you, who became a distinguished member of the Medical Board of the Mutual Benefit Life Insurance Co. of Newark, told me that while he enjoyed the duties of the position, which were more or less irksome, and quite remunerative, he missed the personal touch that came from that old relation of patient and physician, which we as lawyers recognize in the relation of client and counsel, and which the clergy have in the relation of parishioner and priest. I was reminded in Easton last year that the doctor is even friendly with the undertaker. A gentleman and his wife did me the honor to ask me to dine with them, and the wife, who seemed to have a keen sense of humor, told me that the handsomest present her husband, who was the leading physician of the city, received at Christmas, was from the leading undertaker of the town. (Applause).

Now, I am told that the medical schools of the present time are finding their classes diminishing in numbers, although not in scholarship; and I am told that the reason for that unfortunate fact is because one cannot make enough money in the practice of medicine. Materialism and the greed for gold is robbing the medical profession of its future adherents. Take my own profession, the law; I am frank to acknowledge that in my opinion we have not made the progress in the philosophy, in the science, of our profession, that you have made in the last seventy-five years in yours. Everything that is taught now can be found in Blackstone's Commentaries, that were published fifty or sixty years ago, except perhaps one thing—this I am almost afraid to say in the presence of these ladies—that the law has changed woman from a mere chattel, which she was seventy-five years ago, whom her husband could beat with

impunity, who had no property rights, who had practically no rights which anybody was bound to respect, into a full-fledged, beautiful creature, such as I see before me to-night, who does everything she wants to do, and wants to vote beside. (Applause and laughter).

Now, our legal profession is feeling this inertia that is due to this greed for wealth. The court lawyer, who used to be the leader in the community, who represented your constituencies in Congress, and who became your Senator and your president, has passed away. A man who is a so-called court lawyer is now, in the metropolis, looked down upon. He is said to be a mere court lawyer—he cannot make but so much a day; whereas, the lawyer of the present time, who receives the large fees, is the man whom you would never know as a lawyer, except as possessing that business shrewdness that enables the high financier to perform his high jinks.

As for the clergyman! Now, far be it from me, who am not a Baptist, but a blue Presbyterian (Applause), to suggest an idea that would have in it the appearance of sacrilege; but I am compelled to conclude, and it seems to me that any intelligent observer of the times must feel, that whether it be the result of the scientific works that have been published, commencing with Darwin and followed by his disciples, or whether it be the product of the same materialistic tendency of the times that the church has lost its hold, just as the law has lost its prestige, and just as I think the extreme specialism of medicine has made the old-fashioned idea of the doctor retrograde, and we have to-day our churches half empty and the gold fields crowded. I read in the paper the other night that down at Atlantic City a Methodist clergyman had advertised: "All men who will come to church Sunday night may smoke, and sit in their shirt-sleeves, if they will only come to the church." Isn't it a sad thought that the spirit of the times is so intent upon making the mighty dollar that it is absorbing the legitimate, old-fashioned ideas of a practicing lawyer, and it is leading the clergymen, who are doing their best and noblest to give you the soul medicine that has been so eloquently referred to by Dr. Eaton to failure and to keenest sorrow?

It seems to me, ladies and gentlemen, that it is this tendency to materialism which led Secretary Lane—and I don't say this

politically, I say it as an American citizen—in an address that he delivered to-day at Brown University, to say that the American people have not time to fight, they want to work. I hate war. The very thought of killing humanity makes me shudder, but I believe that there is a time in our national life, as there is a time in your life and mine, when a proper pride and a proper sense of duty require that the American people forget to make money and stand up for their national honor.

*The Toastmaster:* This is said to be the longest day of the year, but no day is so long that it cannot readily and cheerfully be lengthened, by more than a hair's (Hare's) breadth to hear from our next speaker, Prof. Hobart A. Hare, M. D., of Jefferson Medical College, Philadelphia, who will speak for the medical profession.

*Prof. Hobart A. Hare, M. D.:* It is very evident, from the eloquence that you have heard so far, that I come from the wrong race and, instead of being a Hare, I ought to be O'Hare in order to keep up with it. I want you all to know that there isn't anything much more discouraging than to sit at a table and hear a lawyer who is eloquent and a preacher who is eloquent precede you as speakers of the evening, and to feel that you have got to speak after them and hold up your end.

Several stories have been told here to-night which have brought other stories to my mind. The Rev. Dr. Eaton told one or two stories that brought this one to my mind, apropos of what he said concerning the relation of English and the liver. A well-known clergyman in Boston, addressing the Massachusetts Medical Society some years ago, said that the only difference that he could see between his profession and those of the men about him, was this; namely, that his business was to keep hell out of people and that the doctor's business was to keep people out of hell. The story that was told by Mr. McCarter in regard to the man who was so afraid lest a hat be found in his abdominal contents, reminded me of the story of an Irishman who was to be operated upon and made many inquiries as to the different kinds of abdominal operations, before he went under the knife. He was told that he would have the pleasure of seeing his appendix in a bottle on the mantelpiece in his bedroom after he came out of the ether. It so happened that as he came out of the ether an organ grinder passed by with a



monkey, and the monkey clambered through the window and sat on the corner of the mantelpiece where the appendix was to be placed. The Irishman looked at him a moment and then, weeping hysterically, said: "Me boy, you've got a very sick mamma!" (Applause and laughter.)

When the eloquent remarks of the previous speakers ran through my mind and chilled me with the thought that I couldn't hope to do equally well, I was reminded of still another story about the little Israelite who was running along the street with his father on a very warm day as he passed a hoky-poky man and he said: "Oh, fader, won't you give me a penny for some hoky-poky? I am so hot." And the father said: "Isaac, I am ashamed of you! Wait till we get home and I'll tell you a story instead that will make your blood run cold." (Laughter.)

Now, turning from this nonsense to a more agreeable and possibly profitable line of thought, it has been suggested to me that those graduates of the Jefferson College and the University of Pennsylvania who are here to-night—and I know there are a great many of them, as well as graduates of other schools—who are interested in the general problem of medical education, will be interested to learn something more than they have possibly gained from the newspapers, in regard to what has been called the merging of the Jefferson Medical College and the Medical Department of the University of Pennsylvania.

The term merger is a very unfortunate one, because it signifies, apparently, that one institution or the other has submerged the other. This is not the case. It is a combination of two institutions — each maintains its autonomy. A man who matriculates at the Jefferson Medical College at 10th and Walnut streets, or a man who matriculates at the University of Pennsylvania in West Philadelphia, now has the right and privilege of attending any lectures that he chooses, in either institution; and on his graduation will receive a diploma of Doctor of Medicine issued by the Medical School of the University of Pennsylvania and the Jefferson Medical College. The names of both institutions being on the diploma, and the two institutions being controlled, so far as their medical schools are concerned, by what is known as the United Medical Committee, composed of four representatives from each board of trustees, who control the medical schools; although the hospitals of each institution,

aside from the teaching, will remain under their individual boards.

Now, what is the object of this extraordinary change? Mr. McCarter will tell you as a man who has had much to do with corporation affairs, that not infrequently by such combinations better results accrue. Money can be saved in carrying out details; and better teaching can be given to a certain number of men. This is the prime object of this merger. And, furthermore, it is hoped that by bringing together in one teaching body whatever brilliancy there may be in the medical teachers of Philadelphia so every student who comes to Philadelphia may benefit thereby; that instead of a man having to decide as to which school he will attend and finally decide on one, with keen regret that he cannot listen to the teachings of some men in the other school, every man has the opportunity of listening to all those men that he thinks worthy of hearing.

It is a method by which medical standards can be increased, not as to the admission of students, which I think have already increased too far, but as to the standards which can be maintained for students while they are in the medical school. The very concentration, or combination, of these two schools will serve to impress upon the medical student the fact that combination and concentration are essential for success and stimulate him to strive for the success that he desires and deserves.

What has been said to-night by Mr. McCarter touches on different points. He did not exactly point out that the development of specialism would narrow a man's point of view, but he might have pointed out that the danger of specialism to-day tends to divert the young man's mind from the importance of concentration and combination. Only by concentration and combination can he become a competent doctor; for, as has already been set forth, the man who knows the eye alone, without knowing the rest of the body, is a man who is not fit to practice, and the man that knows any other single part of the body alone without knowing the rest of the body, is not fit to practice.

And, my friends, something more than this is to-day needed. Not only concentration of labors, but concentration of spirit for a high ideal; and one of the privileges in being a member of the profession of medicine is the possession of that ideal; thank God! Clergymen and statesmen, are

characterized by great self-forgetfulness, oftentimes by great self-denial. They have an inspiration, in many instances, which it is difficult and impossible for them to define, as it is impossible for us to define. You and I may not be able to soar so high into the spirit land as to find the inspiration which leads us, but you and I must be, in this life, soaring towards an inspiration that stimulates us daily, and that is the stimulation described by Abou ben Adhem. You remember; I will not quote the lines, they are too familiar to you—how Abou ben Adhem, when the angel came with the flaming sword and asked him if he loved God, answered, "No"—then, when he had talked with him a little, he said: "I love my fellow man"; and when the scroll in heaven was read the name of ben Adhem led all the rest.

Now, this is the inspiration which I think is in the minds and hearts of the medical profession—it is the inspiration that compels them to go out and do good, and the doctor who does not have the inspiration to go out and do good, will never be anything but a poor, perfunctory medical man, a man that is not worth his fee; because, if he has any heart in him at all, every horrible thing that he sees in medicine, every hard lesson in school that he passes through, will scar him and leave him bleary-eyed, with tear-stained face and without hope.

How many times, my brothers in medicine, have you seen the occasion when by some kindly word or touch you could make life easier for those that are left behind.

When I hear a clergyman describing the heavenly abodes, and how those heavenly abodes are supposed to contain a body of angels coming down the golden stairs to greet those who have done well on earth—I think in how many little hamlets, so small that the average train doesn't stop, there are medical men governed in their career by this ideal, and whether, as the angels see that man approaching who has worked with this spirit, the spirit which the Japanese call Bushido—I say, I wonder whether those angels will not say, as the good old Scotchwoman did when she heard the bagpipes during the Indian mutiny:

"Die ye not hear them coming?

Die ye not hear the slogan?

The MacGregors! are coming—

They're the grandest of them a'."

And so, if we live the lives that we ought to live, if we are to the medical profession what we ought to be to the medical pro-

fession, I believe that it is possible for you and for me to hear some angel voice say:

"'Tis the good old doctor coming—

He's the grandest of them a'."

(Applause).

Let each member of the medical profession have it said of him, as Oliver Wendell Holmes said of good old Dr. Ware:

"A whiter soul, a fairer mind,

A life of purer thought and aim,

A gentler eye, a voice more kind

We may not hope on earth to find—

The love that lingers o'er his name

Is more than fame." (Applause).

*The Toastmaster:* We had expected to have with us to-night Rev. Dr. W. H. S. Demarest, president of Rutgers College, which institution is to celebrate its 150th anniversary this year—in October; but he is detained because of an engagement in the Far West. He was to have spoken to us on "Our Educational Institutions." But we are very fortunate in having with us one of the professors from New Brunswick as his substitute. It is my pleasure to introduce Rev. Dr. John H. Raven who will speak to us on "Our Educational Institutions."

*Rev. Dr. John H. Raven:* Mr. President, and Members of the Medical Society of New Jersey—I owe a great debt to the speakers who have preceded me. Though not being able to tell such delightful stories as they have told you, I am very glad that they have succeeded in getting you in so happy a frame of mind that you will be more patient with me in the duller and heavier things that I shall have to say.

I bring to you, Mr. President, and to the members of your ancient Society, the greetings of the seven educational institutions of higher learning in this ancient State. As I have thought it over, it has seemed to me no common honor for the State of New Jersey that while there were nine colonial colleges throughout these thirteen original colonies which became States, there was only one colony of them all which had two of the nine. In the whole of New England, so devoted to education, there were four colonial colleges; in New York one, in Pennsylvania one, and in Virginia one; but New Jersey had the honor of having two, and one of these is the only one of the educational institutions that I am privileged to speak for to-night, which is older than your Society.

The College at Princeton was founded twenty years before your Society was founded—at first it was located in Eliza-



beth, for a little time I think in Newark, and then in 1752 at its present home in Princeton—a college whose usefulness has continued, as you well know; for many of you are doubtless alumni of that honorable institution. The college with which I am especially connected at New Brunswick was founded in the very year of the founding of your Society, but later in the year. Next October it is our expectation to celebrate the 150th anniversary of our college. With our college, as was the case with Princeton, the first charter not being favorable, a later one was secured, and it was not until after 1770 that the college at New Brunswick began its activities.

I also have the privilege of speaking for the oldest theological seminary in the United States, founded in 1784, its location being in New Jersey since 1810, in the city of New Brunswick, and for another theological seminary, one of the largest and most useful in the United States, located at Princeton; also for one of the very best technical schools in our whole country, the Stevens Institute of Technology, at Hoboken; and for the Catholic Institution of Seton Hall, in Orange.

These seven higher educational institutions of New Jersey present an honorable record, institutions in keeping with the standards and principles of your Society, which has stood always for higher education. Not for that kind of narrowness against which we have been so well warned this evening, but for the broad foundation of education upon which any later specialization for professional usefulness should be based.

But there is, perhaps, a very special reason why I should be glad to speak to you to-night; because of the special relation which held formerly between one of the educational institutions of our State and an ancient medical school; I don't know how much you may have heard of this in your earlier deliberations here this afternoon. In 1834 there was a movement for the establishment of a medical school at Princeton, but the trustees of the College of New Jersey (as it was then called), were compelled by adverse circumstances to abandon it; but long before that, there was a relation between another college in this State and a medical school in New York City of very great influence.

In the year 1792, Dr. Nicholas Romaine, one of the most eminent physicians of his day, who had studied both at Edinburgh and at Paris, and who (it is specially in-

teresting for some of us to-night to recall), was the nephew of Dr. Dirck, or, as we more commonly call him, Dr. Theodoric Romaine—Dr. Nicholas Romaine, and with him three other eminent physicians, who had established a medical school in the City of New York, made application to Queen's College, afterwards Rutgers College at New Brunswick, that that college should bestow upon its graduates the medical degree. According to the minutes of the trustees of Queen's College, that application was not immediately granted. The matter was deferred after conference, and a motion was passed that, for the present, at least, the medical faculty should not be established. Nevertheless, in the year 1792 no less than six men received medical degrees from Queen's College, four of whom were graduates of this medical school in New York, and two other men received the honorary degree of M. D. In 1793 eight more men received the medical degree in this same fashion, although there was as yet no special relation between the two institutions.

In the year 1810, an eminent clergyman, Dr. John H. Livingston, who had for a good many years been pastor of the Reformed Church in New York City, came to New Brunswick as the professor of theology and became the president of Queen's College, and continued as such until his death in 1825. It is supposed that it was through his influence that this application of Dr. Romaine, with certain others who had now entered the faculty of the medical school in New York, was renewed, and the application was granted in the year 1812, and in the four years that followed some twenty-one other degrees were given by Queen's College of a medical character, some of the recipients later becoming very eminent in their profession. In 1816, for lack of funds it became necessary for Queen's College to close.

In 1825, a large donation by Col. Henry Rutgers was given to the college; it was reopened, with the name of the donor, and called Rutgers College. Almost immediately after that, in the year 1826, because of a difference between the faculty of the College of Physicians and Surgeons in New York City and the trustees, the faculty resigned in a body, and under the leadership of Dr. David Hosack, the president of the faculty, a new application was made to Rutgers College for a relation similar to that which had obtained under Nicholas Romaine, who had died in the interval, which was consummated and from

that time until 1835 no less than thirty-six medical degrees were given by Rutgers College to the graduates of this medical school in New York City.

Unfortunately, in that very same year, through hostile legislation in Albany, it became impossible that this relation should continue; but, it is supposed, through the influence of those who had differed with the faculty of the College of Physicians and Surgeons, a law was passed, that no physician should be permitted to practice in the State of New York, who had received his degree from a medical school in that State which was connected with a college outside of the State. Because of this law the relation with Rutgers College ceased; an effort was made to establish a new relation between the medical faculty in New York City and Geneva College, which is Hobart College now; but this movement was not successful and after a very few years the medical school in New York City went entirely out of existence.

I count it a great privilege to speak for these educational institutions, because we feel that we owe you a very great debt of gratitude, as we recognize the close relation that our educational institutions bear to the medical profession. I have been looking over the history of the profession. I have been reminded of the persistence, and the affection which our sons and daughters have for your profession, by an interesting incident that I found recorded in connection with this historical review.

One of the faculty of the medical college was Dr. Archibald Bruce, who was the son of Dr. William Bruce, the head of the physicians and surgeons of the British army of occupation in New York City during the Revolutionary War. Not very long after the opening of the war he was transferred to a post in the West Indies, but his family remained behind him in New York; and his family included the boy, who was later to become a doctor. The last word that his father left for the mother was that he was to be well educated, but, above all things, he was not to be made a physician. And it was the purpose of the mother to carry out this wish; but, very thoughtlessly, she sent him, as he came into his teens, to be cared for by an old friend, who was a physician in the City of Halifax, and later, he was sent to school in New Jersey, and the boy, in spite of the wishes of his father and in spite of the wishes of his friends, became a physician, and a very eminent one.

This is but an illustration of what is often exemplified in your profession, as in others—that example is a greater influence than precept. As I think of the future of your great profession in comparison with that which was its future 150 years ago, I cannot but congratulate you. I cannot conceive that a physician in the year 1766 could have looked forward with anything like the confidence in the greatness and usefulness of his profession which you gentlemen can look forward to to-night. One hundred and fifty years of the future will, it is true, remove all of us from these scenes; but the men who will be doing the kind of work that you are doing cannot, it is true, be doing it any better than you do it now, so far as consecration and devotion is concerned, but our imagination will not permit us to conceive with what wonderful instruments of usefulness the physicians of 150 years from now will work! Let this inspiration stir you, and stir every one of us, to rejoice in that which God hath wrought. (Applause).

Preceding the banquet a most enjoyable musical entertainment was given under the leadership of Mrs. Dr. B. S. Keator of Asbury Park. After the banquet speeches most of the members went to the spacious ballroom and took part in dancing or in social intercourse.

This ends our report in the Journal of our eminently successful and enjoyable 150th anniversary of the Medical Society of New Jersey.—Editor.

#### ADDRESS OF THE RETIRING PRESIDENT OF THE ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY.\*

BY JOHN B. MORRISON, M. D.  
Newark, N. J.

Mr. President and Fellow Members:

I want to thank you for the honor of having presided over your deliberations for the past year, for the many kindnesses shown me and for the willing and cheerful co-operation and assistance rendered me in performance of my duties.

The next reform in our constitution for which I am going to work, will be one to do away with the retiring president's address. If composing this address proves as difficult a matter for the rest of you who may be elected to this office as it has to me, you will perspire drops of blood in its prepara-

Delivered at the meeting of the Academy held in Newark, May 17, 1916.



ration. I can labor for the institution and its progress, throw all my energy into its welfare, but I can not write a speech that will be fitting for this occasion.

Apart from my deficiencies as a rhetorician and orator, my time this spring has been completely occupied, not so much with an active practice, as in meeting other demands made upon it, so that I have had little or no time to devote to this occasion. There are some matters, however, I wish to talk to you about, which I know will be of common interest.

This is the fifth anniversary of our organization and we can now view in retrospect some of its accomplishments, and measure its growing influence upon the profession. It behooves us as well, to see where, and by what means, this influence can be fostered and increased.

Prior to the organization of the Academy of Medicine of Northern New Jersey, the profession was divided up into groups, each group, like the planets in the solar system, revolved around its own hospital as a centre, and the planes of their orbits seldom intersected. Each group went its way, almost oblivious of the rest of the medical and surgical universe. Except for the State and county society meetings, which were largely of a registration character, and occasions for reunions and a good time; there was no common forum where we could meet and listen to the great men of our profession, read papers, report cases, exchange medical and surgical ideas, and obtain the benefits of each other's broad experiences.

The organizers of our Academy of Medicine aimed to overcome this long felt want. Born in doubt and apprehension, receiving the passive support of some and looked upon as an utter impossibility by others of our most prominent physicians and surgeons, our Academy has come to stay, and is exerting an influence on professional thought and aims in this part of the State, that is educational, uplifting and ennobling.

Some of the most noted men in the profession in America have addressed you from our platform. Lessons have been taught, demonstrations given, ideas promulgated, that it would have been almost impossible to have gleaned from current literature. Essays have been presented by our own members which would have reflected credit and honor on any Academy in America. A feeling of good will has been engendered, friendships have sprung up and broadened, and the loosely jointed profession is be-

coming cemented into a whole, with common aims and ambitions.

Right here we must pay tribute to the Pathological Society and the clinical meetings held at the City Hospital for the great results they have accomplished along the same lines. Our work, too, has proven a stimulus to the county society and now we are vying with each other in the excellency of our programmes. Not only have we had the opportunity of hearing men of national and international repute, and listened with great profit and pleasure to our own men of good and rapidly increasing reputations, but we have brought back into active participation in medical affairs men who felt that the profession did not appreciate their efforts.

A review of the personnel of the present classes in our medical schools shows that we are again coming back to the class of students whose desire to enter the profession of medicine has been actuated by the highest motives. The graduating class of the College of Physicians and Surgeons in 1895, was 192. This year it will be about 65, one third of what it was 20 years ago. The number of applicants is falling as the standards are raised and the courses made more difficult. It is realized now that the average income of a physician is less than \$1,000 a year. The number of men who desire to enter medicine so that they may have an easy living, without hardening their hands in the factory as their fathers did, whose moral standing is not high, whose preliminary attainments were not secured by four or six years' study in a recognized school or college, is fortunately on the wane.

For a time the cry was made that we should not raise our preliminary standards nor lengthen our course of study, because by so doing, we prevented many a poor student from entering our ranks. Fortunately that heresy has been killed. I am drawing no class distinctions. Many of the leaders in our profession, many of the most eminent men in Newark to-day are self-made men. They, however, accepted the high standards that had been set, and labored and saved and studied so as to measure up to them. They worked between terms, they tutored, they burned the midnight oil, realizing that "The heights by great men reached and kept, were not attained by sudden flight. But they, while their companions slept, were toiling upward in the night." The struggle against poverty, against adverse conditions, against educational handicaps, the privations endured, the

temptations fought, were morally elevating, and character-building, and they have emerged from the struggle better men in every way, and are a great credit to the profession.

It took us years, however, to realize that the high standing of our profession, the respect and confidence reposed in us by the public, which demanded and should have obtained protection, should not have been lowered because a class of students, financially and educationally, unfitted and unprepared were clamoring at our doors for admission. It has largely been on account of the admission of that class to our ranks during the past quarter of a century that commercialism has become so marked a feature in our profession, and our high standards, our dealings with the public, our ethics, our morality, have suffered. We are now on the threshold of a regeneration. Let each one of us resolve to do all in his power to bring back what we have lost. Make this Academy loved and respected by the people of Newark.

Meeting at first with a discouragement, your building committee and special committees have labored diligently ever since the idea of a Memorial Building to commemorate this 250th celebration of the birth of our city was promulgated to secure for the Academy of Medicine a permanent home in this great beautiful public structure. We showed the committee that our devotion to the public good, the sacrifice of our time to the welfare of the poor, our social service work, our fight against preventable diseases, our public school work, our factory lectures in the struggle against the great white plague, deserved recognition at the hands of the public. At last our efforts have been crowned with success and when this edifice is erected and completed, the Academy of Medicine will be allotted ample quarters for a permanent home.

Our medical library, which some of us have labored so diligently to collect, encourage and support, will then be combined with the Medical Library Association, and with ample rooms in a modern fire-proof building, should grow to be something of which we can be justly proud. Our membership fee, probably somewhat reduced, can be almost entirely devoted to library work, and in a few years, by purchase and donation, we will have a collection of medical literature, modern and ancient, that will be a credit to any State in the Union.

Another great thing we have accomplished, is to have discovered the younger

members of our profession, men full of promise and ability, who were unknown five years ago; men who had no means of bringing their talents before the medical body. They were heard at the smaller medical societies whose members were about their own age, but they lacked the opportunity of reaching the profession at large. I would like to urge upon all our younger members, the necessity for cultivating a larger interest in medical society affairs. It will broaden your views, give you an insight into the methods adopted and results obtained by the eminently successful practitioners in the vicinity, it will improve your ability to report cases, to take part in discussions, and will make you all-'round better physicians.

I was talking over hospital affairs with a group of physicians connected with most of our hospitals a short time ago, and the consensus of opinion was expressed that in appointing younger men to hospital positions, and in filling vacancies on the different staffs, preference would in future be given to men who were active in medical societies. Their interest shown in society and section work, whether general or special, their ability to report cases, their enthusiasm, application and willingness to be of service, would measure their usefulness as hospital assistants.

It behooves each one of you members to do his utmost to assist in the section programmes, and add to the usefulness and prosperity of our organization. In doing so you not only uphold the Academy, and further the aims for which it was founded, but every case reported, every paper discussed, every symposium worked up, every essay prepared and presented, adds to your knowledge, broadens your views and increases the facility with which you will take part in future deliberations.

Look over your Academy folders, read your section cards before you come to the meetings, spend a few moments in your office going over the subject matter and come to the meetings prepared to take part and add something to the subject discussed. Pick out a certain portion of the topic under discussion, read up on it if necessary, and if it is not broached upon, give your views or quote some authorities on the subject. I have not much patience with the man who always takes and never gives. If he says he can not report a case or prepare a paper, let him take part in a discussion. A few years ago there was not one of my listeners, who by his own reticence, by his own feel-



ing of incompetence, by his scholastic attainments or medical education, felt he had less ability to take part in society proceedings than your speaker. It was with the greatest difficulty that I took the floor, and many a time the room was a blank. But I forced myself to do what each one of you is capable of doing, come to the meetings, add one to the number in attendance, report the interesting cases in your practice, work up a paper when requested to do so by your section committees, take part in the discussions and add in some degree to the success of your Academy.

To accomplish this will not only be a distinct benefit to yourself, but it is a duty, a service, which you individually owe to the Academy, to its officers, to the section committees and to the essayists. Nothing can be more disheartening, especially to a local man, than to have a well prepared paper, one on which he has spent hours of midnight toil, after the taxing exertions of a general practice, than to have that paper received in silence, even though it is apparently appreciated.

Again I wish to impress upon you the sense of *duty*, the sense of *service* you owe to your chosen profession. During my term of office, I have been frequently and agreeably surprised by having some of our members call me up, or write to me, regretting their inability to attend, not only council and committee meetings, but stated and section meetings as well. It showed that these men were not practicing medicine from the mere financial point of view, but felt keenly their sense of duty. It illustrated the noble principles involved. Each one of you owes a duty to the public, a duty to your alma mater, a duty to your fellow physicians, a service to the great profession of which you are, or should be an honored member. There should exist no option on your part, whether you fulfill these duties or not. You owe the same sense of service to the profession that the conscientious citizen owes to the republic, that the patriotic soldier owes to the State. What was your object in studying the Æsculapian art? What is now your chief object in the practice of medicine? Are you actuated by the benefit you can render the human race, are you actuated by the added renown the medical profession will attain by your having been one of its honored members, are you actuated by all that is ennobling, elevating, inspiring in the annals of your profession, are you erecting a tablet to your memory, so that your successors can point to you as having

been a just, honorable, charitable, self-sacrificing worker for the welfare of humanity? If not, then you had better retire from the ranks of the profession, upon whose escutcheon you can leave no mark of credit.

In a country as intensely individualistic as America is to-day we do not all realize or appreciate the sense of duty, the spirit of service that our profession demands of us. We conclude to study medicine from mixed motives, we accept our medical education at the hands of our universities at less than a third of its actual cost in dollars and cents, we take the Hippocratic oath, accept our diplomas, join the ranks of the noblest brotherhood in existence, and then the individualistic idea dominates our actions, and we join in the commercial strife for a competency. It is this spirit of individualism, this spirit of commercialism, this indifference to the body politic, that has lowered the high standing which the profession enjoyed thirty years ago. It is this mad race for the almighty dollar that is rapidly becoming the curse of American institutions. In all occupations, in all walks of business, in politics, even in our professions, there seems to be no other standard of success, but the financial standard.

Is a doctor successful—he is making money, it does not matter whether it is honestly made or not, he is successful. Is he making more money than some other doctor—then he is more successful. It does not matter how much good he has accomplished in the community, it does not matter how much he has assisted the respectable poor who are too proud to attend the free clinics, it does not matter what life-long friends he has made through his profession, it does not matter what children he has assisted on their walks of life, it does not matter what he has done to uphold the dignity, the honor and welfare of his profession, it does not matter that he has spent a lifetime building a monument that gold cannot erect, he is not successful unless he has amassed money. This mad race for gold is sapping our morality, sapping our ethics, sapping our patriotism, until we are looked upon with contempt by nations far less favored than our own. In the desire for wealth, high standards, professional ethics, professional honor, strict justice to our patients, the gentle considerations, the finer feelings of delicacy which characterized the old school is fast disappearing and a profession that was once founded in honor is now dominated by commercialism.

Why is it, I ask you to-night, that a venerable physician, one who is noted for his character, for his keen sense of honor, for his high moral standing, for his gentleness, his delicacy, his fidelity as a friend, for his assistance to the poor, who is rich in all the mental and honorable attainments and graces that go to make up a man, but who is poor in worldly goods, is spoken of as "a doctor of the old school?" Do you realize that every time a physician is spoken of as "a doctor of the old school," it is a direct reflection upon yourselves?

It behooves our Academy to attempt to bring back to the profession the public confidence, the respect, the veneration which the men of thirty years ago enjoyed. While the world has always had its quacks and charlatans, if the medical professions enjoyed the confidence and esteem, and our actions gave rise to the veneration which the old school enjoyed, there would be no room in this generation for the osteopath, the chiropractic, the science healer, and the other quacks who are seeking and obtaining public and legislature recognition. The common people are not always blind, and we are reaping the harvest we have sown.

We hope to have room also, to cultivate the social side of our academy, a feature which up to date we have not been able to give the attention it deserves. By our associations in these old rooms, friendships have grown and ripened, animosities have been buried, and a general feeling of toleration and good will established. "We are rising on stepping stones of our dead selves to higher things." We are realizing that the ladder of fame is high enough and broad enough for each one to attempt to reach the top without pulling the feet from under the man who is on the wrung just above us, or treading upon the fingers of the man who is reaching up for the wrung beneath our feet.

Let us perpetuate this feeling of good will, let this spirit of service to mankind actuate our motives so that we may all follow in the footsteps of the Great Physician. It matters not what your race or color, whether you are believer, or unbeliever, foreign born or American, Hebrew or Gentile. Your first great impelling motive in medicine should be the love of mankind.

About Ben Adhem (may his tribe increase)  
Awoke one night from a deep dream of peace,

And saw within the moonlight of his room  
Making it rich and like a lily in bloom,

An angel, writing in a book of gold:  
Excelling peace had made Ben Adhem bold,  
And to the presence in the room he said,  
"What writest thou?" the vision raised its head,

And, with a smile made all of sweet accord,

Answered "The names of those who love the Lord."

"And is mine one?" said Abou. "Nay not so,"

Replied the angel. Abou spoke more low,  
But cheerily still, and said, "I pray thee then

Write me as one who loves his fellow men."

The angel wrote and vanished. The next night,

It came again with a great awakening light,

And show the names whom love of God had blessed,

And lo! Ben Adhem's name led all the rest.

#### THE DAWN OF A BETTER DAY FOR THE CONSUMPTIVE.

BY RICHARD COLE NEWTON, M. D.

*Late President N. J. State Board of Health,  
Consulting Physician to the Mountain-side Hospital, Montclair, N. J.*

One great obstacle to the effective treatment of tuberculosis in general is the fear of the individual to be tested because he dreads the announcement that he may have the disease. The old dictum that consumptives are apt to be over-sanguine regarding themselves is no doubt, true in many instances; but it is doubtful whether a feeling of false security keeps one-tenth of the early cases of tuberculosis from seeking medical advice, where nine-tenths are kept away by the fear that the doctor will pronounce them tubercular. Laboring people with families to support, fear not only the disease itself, which many of them look upon as inevitably fatal, but they dread to leave their families without support while they are trying to regain their health in sanatoria. Nor are there anywhere near sanatoria enough to take care of the cases that are willing to go to them.

A case of pulmonary tuberculosis which has passed into the second stage, which is the stage when the disease quite often comes under treatment, is in many respects, a rather hopeless proposition. To take a specific instance, in Essex County, New Jersey, a rich community of enlightened people, there is provision for a few dozen



first-stage cases in the State sanatorium, and there is a probability that a first-stage case will pass on into the second stage while waiting to get into the State sanatorium at Glen Gardner. The Essex County Tuberculosis Sanatorium at Soho, N. J., is maintained for the reception of third-stage cases only, who generally speaking, are expected to go there to die. There is no sanatorium treatment provided in a county of over 600,000 inhabitants for second-stage cases, except in a very few private institutions; nor does the writer know of a single hospital in Essex County, except St. Michael's in Newark, where cases of pulmonary tuberculosis will be received, and treated as such. He desires to pay tribute to the humanitarian and sensible attitude of this great hospital. With proper precautions, ordinary cases of tuberculosis are not contagious and most hospitals could make arrangements to handle these cases, without much increase of expense. In no well-conducted sanatorium are fresh cases of tuberculosis caused by infection. Inasmuch as most cases of this disease are contracted in childhood, as von Behring maintained many years ago, we now know that the fear of passing it from one adult to another is foolishly exaggerated. However, we must remember that practically none of us entirely escapes the disease, no matter how careful we may be, but at some period of our life we become infected. Fortunately nine-tenths of us never know it. Furthermore until the tuberculin test for tuberculosis in human beings is quite generally adopted, we shall remain in ignorance of the exact number of cases that we may have to contend with in any community.

It is certain, as just said, that a large per centum of all human beings living under the conditions of life now prevalent in so-called civilized countries, are tubercular, and it is also evident that in most parts of the United States, as in Essex County, N. J., there is no adequate means of caring for the bulk of the cases. Fortunately, many of these hidden cases are so-called "closed" tuberculosis, and are not infectious. But no one can tell, even approximately, just which of them may become active at any time. The only logical attitude from a sanitarian's point of view, is to look upon every untested person as potentially tubercular, and to test every one, with tuberculin, just as the health authorities test all the cattle that come into a State. There will probably be no pecuniary interest in "plugging" adults and children, hence

there may not be as much deception practiced in testing human beings, as there is in testing cattle. It may seem at this time a far cry to talk about a law compelling every child to undergo the test, say at seven years of age, and again at seventeen. Yet, according to the reports from children's hospitals and clinics before seventeen years of age, seventy per cent. of children have been infected with tuberculosis, and the autopsies in America agree with those abroad in demonstrating that over nine people in every ten have been, at some time in their life, infected with the tubercle bacilli.

These are facts of paramount importance, and so patent that no one can dispute them. There is little use of reiterating them, unless we can draw a valuable lesson from them. We have found out a great deal about tuberculosis since the immortal Koch demonstrated the cause in 1882, and there is no doubt that people generally, at this writing, know a great deal more about this disease than the last generation knew; yet there is still very much more to be taught them concerning it. The more we insist upon its universal prevalence, the more chance there is to impress upon the popular mind that inasmuch as natural immunity is so strong in man that nine-tenths of the victims, of this infection escape the actual symptoms of the disease, it is perfectly reasonably to assume that the other tenth escape, if they could have proper help at the proper time. In fact, of the cases brought under treatment early enough, from one to two-thirds do get well under the so-called dietetic, hygienic treatment, now so commonly in vogue.

But this is not a good enough showing, a remedy must be provided that will save practically every case that is treated at the right time and in the right manner, and if this treatment can be carried out without upsetting the patient's entire mode of life, breaking up his business, separating him from his family and friends, and making him more or less a pariah and an outcast, like the lepers in Bible times, it will be so much the better. Most fortunately a method of treating tuberculosis has been elaborated by Dr. Ellis Bonime of New York City, which promises not only to cure the disease, but to do it without injury or especial inconvenience to the patient, or his family, or his material interests. It is called the ambulatory treatment, because those under the treatment can walk about and attend to their ordinary occupations,

and lead their ordinary lives without let or hindrance, until they are quite well again. Of course, if they have the tubercle bacilli in their sputum, they must take care of them, just as any consumptive must do to prevent the spread of the contagion.

In justice to Professor Koch, it should be stated that Bonime's treatment is a modification of that instituted by the former, nearly thirty years ago, which was not generally successful, because too large doses of tuberculin were administered at too frequent intervals. It was assumed that a very few injections, say six or eight, given every forty-eight hours, would cure a disease which had lain dormant in the human body perhaps a score of years, or which had broken out as glandular or joint disease, only to become quiescent for a longer or shorter term, and finally to break out again as pulmonary consumption. Tuberculosis is a disease which leaves its mark on the growing body. There is a peculiarly shaped chest which is called the consumptive's chest. It is a flat, thin chest, sinking in under the collar bones, and accompanied by square, high shoulders; or it may be a pigeon breast; that is, a breast with an unduly prominent breast bone and more or less sunken in at the sides, or with depressions where the chest wall should be rounded out and dome shaped. People with such chests, as this, like people with humpbacks and twisted back bones, are apt to become consumptive. It used to be assumed that these deformities in the bony walls of the chest injured the lungs, and brought on consumption. Now we know that in many cases at least, the consumption was present before the deformities, and in fact, caused them as well as the trouble with the lungs which may not show itself until years afterward.

There are other bodily marks in children who are prone to consumption, like a porcelain, bluish tint to the whites of the eyes, a semi-translucent skin which is conducive to an unusual redness of the cheeks and to the prominent blue superficial veins in various parts of the body. These signs, like those of the bones already mentioned, are now known to be due to the actual presence of the tubercular infection in the body. All these bodily characteristics, some of which have lasted from babyhood, show that there is at least, a peculiar constitutional condition in the bodies of consumptives, which one would not expect to materially effect by a few doses of any remedy administered in the course of a few

days, or a few weeks. These same stigmata (marks), also show that a long and serious contest has been going on in the body against the gradual encroachment of the infection, a splendid defence has been maintained and as we know in most cases, Nature has been able to hold the enemy at bay, if not to completely dislodge him.

From a consideration of the above facts, it is plain that if we wish to render effective aid to the sufferer with tuberculosis, we shall not accomplish our object by traversing Nature's methods, we must be content to follow her lead and assist her if we really expect to save the patient from a lingering death. We can perform no dazzling, instantaneous cures such as may follow the injections of antitoxin in diphtheria, or the exhibition of large doses of quinine in pernicious malarial fever. We are proceeding in an entirely different way and we are combating an essentially different condition. Our hope of success will be frustrated if we traverse, or misdirect Nature's gradual manner of overcoming a constitutional malady. We have learned that a minute dose of tuberculin will set free a certain amount of toxin from the tubercle bacilli, already present in the body, and if this toxin is not in too great an amount, there are anti-bodies enough present in the tissues to counteract it. There will be in favorable conditions, a focal reaction, by which the areas infested by the bacilli will be encroached upon, perhaps walled off in whole, or in part, and the attacks of the germ on healthy tissue forestalled.

The modus of the procedure has not yet been satisfactorily explained, but the facts are patent, and we more than ever revere the genius of Koch who devised the remedy and prophesied its success. He did not determine the proper technique, nor did those who went to the opposite extreme of giving too small doses accomplish their object. For some years after Koch's time very minute doses were given at stated intervals, but were not increased in quantity. One set of clinicians had committed the error of giving too large doses and ignoring the reaction which followed. They were succeeded as intimated above, by others who gave doses which were too small to accomplish much good, and were not increased after the patient had become immune to them, and they were therefore, of little value. Finally the present plan was devised of giving just as large doses as the patient increasing them, so that as the susceptibil-



could take without a reaction and gradually it diminishes, the maximum amount of toxin shall be set free that the body cells can combat without leaving any free toxin to set up a marked reaction. A reaction may be compared to a mutiny in the army which is fighting the contagion. By which the defensive ranks are thrown into disorder and the enemy gains a palpable advantage. It requires a high degree of skill to keep the curative forces up to their full strength and efficiency, and not to make the mistake of sending too many battalions into an area too small to permit their proper manipulation. Such a contingency will cause confusion and at least temporary embarrassment.

Having mastered the technique, of the Bonime treatment. Any good Clinician can treat with great success which will take probably six months of especial study, tuberculosis in any stage, except the very last, when the body cells, exhausted by their long fight with the bacillus, and perhaps over-stimulated by too large doses of tuberculin, can no longer elaborate the protective anti-bodies; when in fact, the case is practically beyond hope of recovery, and yet so strong and resourceful is Nature, that even some of those cases do recover, after everyone has given them over to die.

How then shall we sum up this matter? We have been trying to make plain our conception of the marvellous resources and the unfathomable power of Nature in protecting mankind from tuberculosis. It might be said in passing, that these same phenomena are manifested in the study and treatment of tuberculosis in cattle, but we have no time to go into that phase of our subject at present.

Whether exception can be taken to the theoretical explanation we have offered or not, the fact remains, that practically any case of tuberculosis, which can be brought under treatment soon enough, can be immunized against the toxins of the tubercle bacillus, and will probably remain immune through his natural life. Furthermore, old and apparently hopeless cases suffering also with mixed infections can be greatly benefited and perhaps cured, by this same agency.

It is not conceivable that any message which the medical profession could bring to mankind could be any more comforting or any more hopeful than this one.

Rest is the main factor in treating an active endocarditis.

## County Medical Societies' Reports

### CUMBERLAND COUNTY.

E. S. Corson, M. D., Reporter.

The annual picnic of the Cumberland County Medical Society was held at Fortescue, August 22nd. The outing was better attended than formerly. District Councilor, Dr. Hunter and Mrs. Hunter; State Corresponding Secretary, Dr. Stout and family, and many of the county physicians with their families to the number of forty were present. Some of them enjoyed the excellent bathing, others the boating, and others sat on the spacious veranda of the Day Cottage and enjoyed the cool breeze from the bay. A sumptuous dinner in true Fortescue style, of fish and oysters, was enjoyed by everyone. Too much credit cannot be given the committee for their efforts in making the third annual outing a success.

### ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

August, the month of the chosen and cherished vacations, the year when even doctors are not supposed to work so hard and the city has usually something of the atmosphere of the "deserted village," August, 1916, makes in contrast, a new record for medical activity. The cause is the epidemic of Poliomyelitis, and a sufficient cause it is for watchful work and ardent care by both public health departments and private practitioners. We are dealing with an epidemic that has recorded in seven weeks to date (August 25th) in Newark alone 1109 cases with a mortality of 26 per cent. and a morbidity in after-results which might well give it the name of the tragedy of childhood, for the permanent disability which results.

Some of the interesting things which begin to be seen as the result of studying the disease are: The importance of recognizing the non-paralytic cases; the grave error nevertheless of calling any summer disease of infants or children poliomyelitis without confirmatory signs; the supreme importance of immediate and absolute rest of muscular and nervous systems; the value of lumbar puncture and the possible value of injecting into the spinal canal Adrenalin (though this commands but little faith); the leading importance of finding a protective serum which, injected at once, will overcome the toxin, or whatever it is, that produces the death or paralysis, and the hope that it may be in the blood serum of those who have acquired an active immunity. A significant fact, but not new, is that of 97 cases 85 were under 5 years old—(85 per cent.), while the balance were of scattering age up to full adults. Another is that more than one case in a family is not uncommon, half or three-fourths of the children being often stricken. A most important discovery would be the proof whether the disease is truly contagious (and by mediate or immediate channels) or, on the other hand, arises from one common source in the community.

### MIDDLESEX COUNTY.

H. C. Voorhees, M. D., Secretary Pro Tem.

The Middlesex County Medical Society met at the summer home of its president, Dr. F.

M. Donohue, Cedarcrest, near Bound Brook. It was largely of a social character. There was a large attendance of members and an unusual number of guests were present, including the president, two vice-presidents and secretary of the State Society; also several from the adjoining county societies. In the absence of the secretary, Dr. Howard C. Voorhees was elected secretary pro tem.

Dr. G. K. Dickinson, Jersey City, gave a very practical talk on tuberculosis. Drs. T. N. Gray, East Orange, and John F. Anderson, New Brunswick, gave most interesting and instructive address on poliomyelitis. The former had, as the diagnostician of the Newark Board of Health, seen 1,030 cases. Drs. Donohue, A. C. Hunt and English also discussed these subjects.

Afterwards two hours were spent socially, when an elaborate luncheon was served by Delmonico of New York.

### MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The Morris County Medical Society met at the New Jersey State Hospital at Morris Plains on September 12th upon invitation of Dr. Britton D. Evans, medical director, and the Board of Managers. In the absence of the president, Dr. Henriques, the meeting was called to order in the afternoon by Dr. L. K. Henschel, vice-president.

The following letter explaining the absence of Dr. Evans was read:

To the Members of the Morris County Medical Society:

Gentlemen—It is with much regret that I find myself, on short notice, called away from the hospital to discharge a duty to the State in the selection of a site for a new hospital, which is to relieve the very serious overcrowding of this, the New Jersey State Hospital at Morris Plains.

I have been asked by the chairman of the selection committee, who is also a member of the Board of Managers of this institution, and chairman of its medical committee, to join that committee in Newark at 9.30 to-day.

In finding this imperative duty deprives me of the pleasure of being with you, I comfort myself with the consciousness that the members of the staff will, in the matter of entertainment, give you every reasonable attention and consideration. And, further, I feel that you know that I am with you in spirit, and desire to co-operate with you in all things that will bring about the betterment of the profession and the advancement of the interests of our Society.

I trust that you may have a pleasant day and that you may see somewhat in detail the workings of the hospital.

You have, as always, my most cordial wishes for all good things that come to those who labor hard and well in performing a conscientious duty to the public and humanity in general.

It is unnecessary for me to say to you that I most cordially welcome you to the hospital either collectively as an organized body or individually as my professional brothers and personal friends, for whom I have the highest respect and regard.

Very truly,

Britton D. Evans.

Among the visitors present who were invited to take part in the proceedings, were Dr. D. C. English, editor of the Journal of the State Society, Dr. McCormick of Kenil, Dr. Thorne of Butler and Drs. Srygley, McCauley and Norris of the State Hospital.

The treasurer's report was read and approved.

Dr. William Merrill Hutchinson of Pompton Plains was unanimously elected to membership.

The following officers were elected:

President, Dr. Louis K. Henschel of Greystone Park; vice-president, Dr. Clifford Mills of Morristown; treasurer, Dr. James Douglas of Morristown; secretary, Dr. H. W. Kice of Wharton; reporter, Dr. E. Moore Fisher of Greystone Park.

Delegates to State convention—Dr. J. W. Farrow of Dover, Dr. Clifford Mills of Morristown, Dr. William F. Costello of Dover. Alternate delegates—Dr. N. H. Adsit of Succasunna, Dr. A. B. Coultas of Madison, Dr. E. N. Peck of Boonton. Entertainment Committee—Dr. E. Moore Fisher of Greystone Park, Dr. Francis H. Glazebrook of Morristown, Dr. William F. Costello of Dover.

Before inspection of the hospital the reporter suggested that as he had no method of obtaining any information, except from fellow members of the society, he requested that they be asked to report briefly their observations during the present epidemic of anterior poliomyelitis. It is more than likely that there were more cases than those reported which were seen by some members not present and that all the cases in the county were not reported. From the reports it was gathered that the disease was not very prevalent but that cases had occurred in most localities throughout the county. Several of the cases were reported in full and those that had a fatal termination were due to the paralysis of the respiratory muscles. Only one instance was reported where the disease had attacked more than one member in a family and several instances where children had been exposed without infection; in one instance there were sixteen children exposed among the most unhygienic surroundings without a subsequent infection. Several of the cases reported to the boards of health and by them isolated and quarantined as cases of anterior poliomyelitis the clinical finding resembled more than found in cerebro-spinal meningitis, the principal symptoms being opisthotonos, rigidity of the neck, headache, ptosis of lids, diplopia, with no paralysis. Another instance was cited of a family where there were five children, all of whom were afflicted with some disease during three weeks, the doctor being called in to treat the last of the five. The symptoms complained of were pain throughout the muscular tissues with some slight stiffness; there was absolutely no paralysis in any case and perfect recoveries were made within a few days. They were all found to be constipated. The doctor in attendance quarantined the family and communicated the same to the board of health who made several inquiries as to whether or not the disease was infantile paralysis; the doctor did not think that he could make such a diagnosis on the symptoms that he found and the investigator from the State Board of Health was also unable to render a



positive diagnosis. The number of cases reported at the meeting was twenty-six.

One of the matters of most interest, which was referred to by practically all the speakers, was the lack of any knowledge of how the disease was carried. In some of the physicians' experience, cases would occur three or four hundred yards apart, in other cases several miles with apparently no communication between several cases or any known source of infection.

Dr. English in closing said that he had not seen any cases in his own practice. He had, however, been very much interested in studying this epidemic and was deeply impressed by the difficulty in diagnosing, especially in abortive cases and in knowing the methods by which the disease is transmitted. Many patients when handled, specially in the region of the back of the neck or limbs, had a facial expression which was considered almost diagnostic in abortive or questionable cases; in many Kernig's sign was present; some had obstinate constipation, other free diarrhoea; many have paralysis and many have not. The local boards of health had in many instances been much stricter in enforcing isolation and quarantine than the State Board of Health considered necessary. He felt that there had been in this epidemic a great deal of needless alarm, and that probably the public did not realize that there were four or five times as many cases of both measles and scarlet fever every year with a great deal larger number of deaths. He did not consider that quarantining all those in a house where the disease existed was often necessary; he thought the patient should be isolated and the others in the house, if wage-earners, should be allowed to continue their occupations if they did not have contact with the person who was ill, that by more strict quarantine a great deal of unnecessary distress had been caused.

At the close of this discussion an inspection of the hospital was begun, the doctors seeing at first the overcrowded condition of the hospital and the necessity of placing cots throughout the wards to accommodate those in excess of the number that could be properly cared for. They spent a good deal of time in inspecting the industrial division where the patients are employed in various diversional occupations. They were greatly interested in the various forms of occupation in which the patients engage.

Before leaving the hospital, Mr. O. M. Bowen, warden of the institution, entertained the members with palatable products of the culinary department.

The annual reports of the county societies to the State Society will be found on pages 599-604 of this month's Journal.—Editor.

#### County Societies' Annual Meetings in October.

The following county societies will hold their annual meetings this month:

Bergen, Camden, Cape May, Cumberland, Essex, Hudson, Hunterdon, Middlesex, Salem, Somerset, Sussex, Union and Warren.

Let there be full attendance and early reports to the Journal.

## Other Scientific Societies.

### Rockefeller Institute for Medical Research.

The board of scientific directors of the Rockefeller Institute for Medical Research on July 18, 1916, announced the following promotions and appointments:

Dr. Alphonse R. Dochez, hitherto an associate in medicine has been made an associate member; Dr. Henry T. Chickering, has been appointed resident physician in the hospital to succeed Dr. Dochez.

The following have been made associates:

Dr. Louise Pearce (pathology and bacteriology); Dr. Frederick L. Gates (pathology and bacteriology).

The following have been made assistants:

Dr. Oswald Robertson (pathology and bacteriology); Mr. Ernest Wildman (chemistry).

The following new appointments have been made:

Dr. Rhoda Erdmann, associate in the Department of Animal Pathology; Dr. Rufus A. Morrison, assistant in medicine and assistant resident physician; Dr. John Northrop, assistant in the Department of Experimental Biology; Dr. Jean Oliver, assistant in the Department of Pathology and Bacteriology; Dr. Ernest W. Smillie, fellow in the Department of Animal Pathology; Dr. William D. Witherbee, assistant.

Mr. Hardolph Wasteney, hitherto an associate in the Department of Experimental Biology has accepted an appointment as associate professor of pharmacology in the University of California.

### Study and Prevention of Infant Mortality.

The seventh annual meeting of the American Association for the Study and Prevention of Infant Mortality will be held in Milwaukee, Wis., October 19-21, 1916. The subjects to be discussed include: Governmental Activities—Federal, State and Municipal—in Relation to Infant Welfare; Care Available for Mothers and Babies in Rural Communities; Standards for Infant Welfare Nursing; Morbidity and Mortality in Infancy from Measles and Pertussis.

Dr. S. McC. Hamill, Philadelphia, is president; Dr. Philip Van Ingen, New York, is secretary; Dr. Henry L. Coit, Newark, is a director, and Dr. Julius Levy, Newark, is a member of Committee on Governmental Activities in Relation to Infant Welfare.

### Clinical Congress of Surgeons.

The seventh annual meeting of this Congress will be held in Philadelphia, Pa., October 23-29, 1916. Clinics will be held each day in the many hospitals of the city when a large number of operations will be performed by able surgeons representing the various departments of surgical practice.

The evening sessions will be held in the spacious ballroom of the Bellevue-Stratford Hotel at 8 o'clock, that on Monday evening will be the presidential meeting with the following program: Address of welcome by Dr. R. G. Le Conte; address of retiring president, Dr. Charles A. Mayo; inauguration of President Fred B. Lund of Boston, and his presidential address on "The Indications of Cholecystectomy"; papers on "Drainage of the Gall Blad-

der" by Dr. J. M. T. Finney; on "Cholecystostomy vs. Cholecystectomy," by Dr. C. A. Mayo, with discussion by Drs. Da Costa and Deaver.

On Tuesday, Wednesday and Thursday evenings eminent surgeons of the United States and Canada will present papers on practical subjects and discussions will follow. On Friday evening a public meeting will be held in Witherspoon Hall under the joint auspices of the Congress, the Philadelphia County Medical Society and the Department of Health and Charities, when "Care of the Teeth," illustrated; "Diagnosis of Cancer," "Description and Illustration of Curable Deformities and the Importance of their Proper Treatment" will be the subjects.

#### The New Jersey Sanitary Association.

The forty-second annual meeting of this association will be held December 8 and 9, 1916, in the Laurel-in-the-Pines Hotel at Lakewood, N. J., under the presidency of Dr. George E. McLaughlin of Jersey City, who is earnestly working with the executive council to make this meeting an exceptionally interesting and practical one. A preliminary program will appear in our November Journal.

#### Academy of Medicine of Northern New Jersey.

The stated meeting for October will be held on October 18th at 7.45 P. M. The paper will be by Prof. Harlon Brooks, M. D., of New York, on "Early Signs and Symptoms of Heart Failure."

The Pediatric Society will meet October 5th. Paper by Dr. A. Zingher of the Willard Parker Hospital, N. Y., on "Serum Treatment of Poliomyelitis."

The Medical Section will meet October 10. There will be a symposium on poliomyelitis: (a) "Aspects of the Late Epidemic at the City Hospital," Dr. A. S. Dowd; "In the Oranges," Dr. R. H. Hunt; "In Hudson County," Dr. A. P. Haskings; (b) "The Spinal Fluid in Poliomyelitis," Dr. Arthur Cassilli.

The Surgical Section will meet October 25. Subject to be announced later.

The Section on Obstetrics and Gynecology will meet October 26. Symposium on Dystocia: "Abnormalities of Pelvis," by Dr. P. Du Bois Bunting; "Disfigurement of the Soft Parts," by Dr. C. L. Ill; "Faulty Position or Malformation of the Foetus," by Dr. W. M. Goodwin; "Faulty Expulsive Force," by Dr. H. B. Kessler; discussion opened by Dr. John F. Hagerty.

The Section on Eye, Ear, Nose and Throat will meet October 23. Paper by Dr. Joseph L. Dias, subject to be announced later.

A. A. Strasser, M. D., President.  
E. D. Newman, M. D., Secretary.

#### THE EPIDEMIC OF POLIOMYELITIS.

##### Deaths of Children in Greater New York.

Dr. Haven Emerson in a paper read July 13 before the New York Academy of Medicine gave the following suggestive figures on the death of children under five years of age:

	1913.	1914.	1915.	6 mo.
Diarrhoeal diseases...	3,718	3,579	3,924	884
Diphtheria .....	972	1,143	967	556
Measles .....	596	534	593	369
Whooping-Cough ....	415	273	385	213
Scarlet fever .....	307	285	174	47
Acute poliomyelitis .	33	24	10	57

(Remember that the 57 deaths was the number up to July 1st only.—Editor.)

Dr. Emerson says: "The community looks with complacency on the 884 deaths from diarrhoeal diseases this year, while it is panic stricken over the 57 from poliomyelitis." The interest at the present time is in the psychological state of the lay public. The reason for this is probably because this is the first epidemic of poliomyelitis in this city in which the disease has been made reportable and also the first in which there has been an effort at hospitalization. We acknowledge that our present method of attempting to control the disease is frankly an experiment. At the onset of the outbreak the Health Department was confronted with two alternatives. The one was secrecy; that is, whether we should simply see what could be done by the medical control of cases without publicity. The other alternative was publicity, which offered a better prospect of a real control of the disease. We decided in favor of publicity and hospitalization. As a result there has been an undue fright on the part of the public, probably due to our unusual method of approaching the problem. Reporting cases was new, placarding houses was new, and hospitalization was new. In 1907 it was not until November that the epidemic that was then drawing to a close was studied. In November of 1907 the Pediatric Section of the Academy and the New York Neurological Society appointed a committee to make a study of the disease, but they were not active at the time the cases were acute. In that epidemic there were probably 2,500 cases, of which 700 cases were accurately studied, and the mortality among these was 27 per cent. The average mortality as estimated in foreign epidemics has been from 7 to 10 per cent. During the present epidemic (corrected to July 23d) 2,824 true cases have been reported or discovered and there have been 579 deaths, or a case fatality of 20.5 per cent. It is estimated that the case fatality of the 1907 epidemic was 5 per cent. Forty per cent. of the cases reported to the department are found on careful study, with the aid of spinal puncture and ward observation, in many instances to be "no case." In other words, both the profession and the laity are at present so alert to the necessity of reporting any doubtful cases of sickness in a child that the Department of Health is justified in considering that it receives all but a very small percentage of true cases of the disease now occurring in this city. The most important factors in dealing with the disease are early diagnosis, isolation and putting all cases under early orthopedic and neurologic observation. This method may save the individual and the public from the future burden that permanent crippling implies. The early recognition of the condition is the most important factor in preventing the spread of the virus among the healthy.

An exceedingly interesting and instructive paper was read at the same meeting by Dr. Simon Flexner on "The Nature, Manner of Conveyance and Means of Prevention of Infant Paralysis." It is printed entire, with other papers on the subject in the Archives of Pediatrics.—Special Poliomyelitis Number, August.



# THE JOURNAL

OF THE

## Medical Society of New Jersey

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OCTOBER, 1916

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,  
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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## OUR 150th ANNIVERSARY AND ITS OUTCOME.

We insert in this month's Journal the last of the proceedings of our Sesqui-centennial celebration, and stop to review it and seek to gain some lessons from it. It was no easy task to present such a splendid record as the Medical Society of New Jersey had made during its 150 years of existence and we are deeply conscious of the fact that "the half has never been told." The faces, the characters and the achievements of very many who bore as conspicuous a part in that history as did the many who were mentioned, and much of the altruistic work of the Society, were omitted—because of lack of time to present them.

And now let us take a cursory view of the work of the anniversary meeting, again omitting much that was commendable and important. It was the largest meeting our Society has ever held—by some 300 more than usual. It was the most harmonious of any, largely because the social functions were made one of the leading features which were eminently successful because of: The presence of an unusual number of ladies who added much to our enjoyment; the presence of the presidents of several State medical societies; the large delegation of prominent Philadelphia physicians and other invited guests; the abounding hospitality—with many entertainments—of the mayor, commissioners, local organizations and local committee of Asbury Park, and the banquet at the New Monterey,

which was the largest and best ever held; the post-prandial speeches being exceptionally good (see a fairly good report of them on preceding pages).

The literary and scientific programs were also of unusual excellence. The Orations in Medicine and Surgery by Professor Fischer and Clark, respectively, were masterly, as were the addresses of President Chandler—historical—and Vice-President Harvey and the scientific papers of Drs. Ill and Gray, the only regrets concerning the latter two are that the former did not receive the discussion it richly deserved because of the pressure of routine business at the time, and the latter while well discussed did not receive action on some excellent suggestions it contained. Dr. Dickinson's brief paper on the "Education of the Nurse" was timely and excellent as was Dr. MacAlister's on "The First License to Practice Medicine in New Jersey."

The reports of officers and committees of the work of the closing year of the 150-year period, were all interesting and encouraging, some showed excellent work done and plans for future advance that give promise of continued prosperity. The report of the secretary showed faithful work done by him, with a net gain of 51 members and a total membership of 1,700. The report of the treasurer showed a good balance in the treasury, which the Finance Committee protects against extravagant expenditures. Dr. Strasser is to be congratulated on the most successful year of the Publication Committee's work—the Journal never had such a prosperous year. Dr. McCoy's report on the successful efforts of the Hospital Standardization Committee is worthy of special praise, as it places New Jersey at the head in outlining the Minimum Requirements for a Standard Hospital and the best forms of hospital reports. The Judicial Committee reports that no new cases of medical defense in malpractice suits had occurred and but two suits were still pending. The committees on: Legislation, Dr. Costill, chairman; Hygiene and Sanitation, Dr. Dickinson, chairman; Public Health Education, Dr. Vinton, chairman; Publicity, Dr. Hunter, chairman, and on Medical Economics, Dr. Wescott, acting chairman—all presented excellent reports, but we are compelled to add that the work of these committees would have been even more effective and successful if the committees had been better sustained by the county societies and the members of the profession generally.

The one discordant note that marred the perfect pleasure and joy of the anniversary meeting was in noting the losses by death of many faithful and able members. Action was taken on the departure of three of our most active Fellows—Drs. H. Genet Taylor, John G. Ryerson and Frank D. Gray whose loss, with others passed away, we deeply mourned.

This is an appropriate time to inquire—What shall the outcome of the anniversary meeting be—as we look toward the future? Nearly all the members of our county societies are now home from their vacations—those who have been fortunate enough to have had a vacation. We hope all have returned in full health and strength and full of determination to give themselves, as never before, to a conscientious and faithful discharge of the high and holy responsibilities of the most useful, most honorable and most exacting of professions. We have been contemplating the record of 150 years of splendid work, rehearsing the deeds of our heroes of the past and have seen what noble lives they lived, what faithful service they rendered, what honor they reflected upon our profession and what exaltation they brought The Medical Society of New Jersey in its altruistic endeavors to serve the State and to bless humanity.

Surely the review of such a record should fill every member with a spirit of enthusiasm and a determined resolve that our profession and our Society shall maintain and exceed the standing and the achievements of the past, especially when we consider the dangers which threaten us from the multiplication of false cults, the destructive nostrums, the attempted degradation of the so-called regular physicians through fee-splitting and other manifestations of commercialistic tendencies of the present time. The *esprit de corps* of our profession should actuate us, the high ethical spirit of our fathers as honorable men, true to themselves, to others, to the profession, to the State and to humanity should animate us.

Let us begin the new period of our Society's history then with high purposes and noble resolves, as we this month begin another year's work. Our county societies resume their meeting, many of them hold their annual meeting this month. Let there be full attendance, a deep spirit of earnestness, care in selecting officers and committees and every one called to service resolve to give time, thought and endeavor to make it the best year their society has ever had.

Especially should every society have a carefully selected Legislative Committee—men of good judgment who will co-operate with the State Society's committee; men who will have influence with the public and with our legislators, able to prove to them the fact that we are seeking—not our own or our profession; pecuniary interests but—the interests of the State and its citizens. Every county society should also have an able committee on Public Education—co-operating with the State Society's committee and it would be well to have that committee consider and act upon the matter of public health administration in their respective counties. See the editorial on Local Boards of Health.

We emphasize the point that the thoroughness of organization and the degree of efficiency of the county societies determine very largely the future prosperity, success and glory of The Medical Society of New Jersey.

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#### POLIOMYELITIS IN NEW JERSEY.

We gather the following from the September issue of "Public Health News": From July 1 to September 7th, 2,995 cases were reported to the State Department of Health, distributed by counties as follows: Atlantic, 29 cases; Bergen, 120; Burlington, 24; Camden, 82; Cape May, 14; Cumberland, 7; Essex, 1,452; Gloucester, 16; Hudson, 498; Hunterdon, 31; Mercer, 50; Middlesex, 147; Monmouth, 153; Morris, 77; Ocean, 10; Passaic, 73; Salem, 23; Somerset, 22; Sussex, 9; Union, 155; Warren, 3.

Almost half the cases were reported from Essex County and more than one-third from the City of Newark. Possibly the highest case rate in any of the 266 sanitary districts which reported cases occurred in South Brunswick Township, Middlesex County, from which 31 cases were reported which made the case rate approximately 1 to 100 population. In all probability there was a large number of cases of the abortive type so mild that they were not recognized, in which case the number of cases in the State considerably exceeded 2,995, and such cases were undoubtedly an important factor in the spread of the disease. The mortality throughout the State was about 24 per cent.

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We have had a lot of theorizing on the diagnosis, pathology, treatment, and the methods by which this disease is spread, but no definite scientifically proven data on



which to base positive conclusions. We are confident, however, that the large number of expert research workers who are engaged in the study of this disease will soon solve these difficult problems, and we are optimistic in the belief that we have seen the most prevalent epidemic and the largest death rate of poliomyelitis that will visit our State for many years.

### FEE SPLITTERS ORGANIZE.

Driven from the ranks of medical organization as represented by the American Medical Association and its constituent associations, the fee splitters and rebaters in medicine have finally launched an organization of their own, according to the statements in a letter from the treasurer of the new society. The letter reads:

Dear Doctor:

Naturally, men are either conservative or progressive—there are always two parties in almost every thing. The American Medical Association represents the conservatives; heretofore the progressives have had no great national organization.

We—the majority of the medical profession—who believe in division of fees (i. e., that the surgeon should not “hog” the whole of a patient's money and leave nothing for the family doctor), are no longer welcome in the A. M. A. We are therefore organizing the Medical Society of the United States, which will not be conducted for the benefit of a few selfish egotists. We would like to have you with us.

It costs only \$1 to join us. This covers dues for 1916 and includes expense for the beautiful certificate of membership (suitable for framing), which you will receive on admission. Fill enclosed blank and return to me with \$1.

Cordially yours,

Emory Lanphear.

P. S.—Membership in your local society is not obligatory. On the line “Recommended by” put the names of two doctors (preferably of your neighborhood), who will vouch for you.

It is meet that the headquarters of the fee splitters' organization should be located in St. Louis, where dwells their advocate-in-chief; where also dwells the headquarters of a virile, watchful medical organization whose objects and purposes are unalterably opposed to fee splitting and whose duty it is, therefore, to direct the attention of physicians and the public to the sinister influence of the fee splitter. \* \* \*

We are somewhat curious to learn how many members of the Missouri State Medical Association will fly to the ranks of the fee splitters, now that the mustering bugle has been sounded and the recruiting office opened. None of our members has as yet been published among “those present” in the new organization, but we are quite sure that

the Association will quickly accept the resignation of anyone who desires to affiliate with the Medical Society of the United States and The Journal will give proper publicity to the event.—Missouri State Society Journal.

No intelligent doctor will be deceived by these fee-splitters pretended consideration for the family doctor as stated in the above letter. They have no conscientious scruples about “hogging” the patient's money, and they seem to have none in the matter of deceiving the patient. They hide the fact that the whole scheme tempts the family doctor to send for them in order to get his share of the big fee. If they are honest in their profession of desire that the family doctor shall be paid for his services in the consultation why not honestly say to the patient, “I will charge you only so much, because your family physician is entitled to a good consultation fee as well as myself,” and let the family doctor charge it in his bill?

We take the following from an editorial in The Bulletin of the Medical and Surgical Faculty of Maryland, September, received since the above was written:

Perhaps the real root of the evil is the “so much per visit” system and the sooner the medical doctor adopts the “job” system as his brother the surgeon has done, the better it will be for patient, doctor and surgeon. There is no logical reason why the general practitioner should not get as large a fee for attending a case of pneumonia or typhoid fever, if of long duration, as the surgeon gets for removing the appendix from an individual in the same financial status. Neither is there any reason why the family physician should make the diagnosis of appendicitis, call and wait for the surgeon, make many necessary arrangements requiring a lot of time and count this service as one visit at the rate of two or three dollars.

### LOCAL HEALTH BOARDS.

There is one qualifying condition that has a tendency to disturb one's optimism and to prevent the full measure of success in applying known scientific facts concerning poliomyelitis and all other preventable or communicable disease—*The incompetency and inefficiency of the great majority of local boards of health in our State.* This we state on no superficial examination but on the often expressed judgment of expert health officials who have positive knowledge

of existing conditions. The fact that our State laws now clothe local boards with great powers—in enacting and enforcing ordinances and methods of procedure—tends to make incompetent and inefficient boards unsafe, if not positively dangerous guardians of the public health. It is true that the law now gives power to the State Department of Health to step in and take control where the local board is failing to act; but with four or five hundred sanitary districts in the State and with the utterly inadequate funds the State appropriates for the work, it is practically impossible to exercise the power.

There is no more important subject that can engage the study and call forth the activities of our State Society and the county medical societies than that of the protection of the public health, and there is no phase of that subject more important than that of perfecting the organization of health boards and making efficient the methods of health administration in our various sanitary districts. Every city and large town should have a thoroughly trained health officer—either physician or specially trained layman who gives his whole time to the work. If, until the public becomes enlightened, the question of expense seems more important than the lives and health of the citizens, several adjoining towns might unite in employing such health officer, dividing the expense between the towns; or in the smaller counties there might be a county health officer who shall outline, supervise and direct all methods of work with competent assistants in the several towns.

Our county societies begin a new year's work this month and we call their members' attention to the report of the State Society's Committee on Legislation and the discussion thereon, especially to the urgent suggestion that every county society shall have an active and efficient committee on legislation which shall co-operate with the State committee, of which Dr. H. B. Costill is chairman. See page 510, September Journal. It would be well if these various committees co-operating with the State committee would consider the question of needed legislation that will provide more competent local boards of health and safer, saner, more intelligent health administration in our cities, towns and townships. We doubt not that our State Department of Health would not only approve such efforts but would most heartily

co-operate with our State and county committees.

We need also in each county society an active Committee on Public Health Education. Surely the public needs education on the matter of adequate appropriations for efficient and successful health administration, both by State and local organizations; not only for the preservation of health and the saving of life—though that is the supreme object—but also because it is wise from the economic point of view. We need to realize and the public needs to know that an appropriation of half a million or a million dollars for health work in our State means the saving of tens of millions of dollars to the State. The States of New York and Pennsylvania are beginning to realize the truth of that statement. The June Bulletin of the Kentucky State Board of Health calls attention to the fact that the mortality and morbidity from three specified preventable diseases in that State for the five years ending December 31, 1915, involved an economic loss of more than thirty-five millions of dollars.

One of the first, best and most encouraging meetings of this fall was the social gathering September 13 at the beautiful summer home of Dr. F. M. Donohue, president of the Middlesex County Society, at Cedarcrest. There was a very large attendance of members and guests. Among the latter were President Marvel, Vice-Presidents Harvey and Dickinson, Secretary Gray and Fellows Fisher and Ill of the State Society; Chairman Strasser of our Publication Committee, President Hagerty of the Essex County Society and a number of members of the Somerset and Union societies. Two most excellent, instructive addresses on poliomyelitis were made by Drs. T. N. Gray of East Orange and J. F. Anderson of New Brunswick and also a practical talk on tuberculosis by Dr. G. K. Dickinson of Jersey City. A social season, including an excellent luncheon, was enjoyed.

It was the editor's great pleasure to attend also the annual meeting of the Morris County Society at the Morris Plains State Hospital, where an interesting discussion on poliomyelitis was held, as reported elsewhere. We were permitted to see the splendid work the State Hospital is doing in its industrial department, where the inmates are engaged in various diversional occupations, and we afterward enjoyed an excellent dinner.



## Editorials from Medical Journals

### Is Syphilis Curable?

From the Wisconsin Medical Journal.

"Once a syphilitic always a syphilitic," is a saying believed in by many. In the days before the discovery by Wassermann and Bruch of their now widely-used complement-fixation method for determining the presence of syphilitic infection, we had no criteria to determine a cure. Since the introduction of salvarsan as an adjunct to mercury in treatment and the control of the therapeutic result by the Wassermann reaction we are in a better position to give opinion on this most important question. The development of late cerebro-spinal manifestation in patients thought to have been cured of syphilis made a great many skeptics among the medical profession. This pessimistic attitude is encountered not infrequently among laymen and is undoubtedly the cause of much syphilophobia.

As an offset to this doleful view-point cases are accumulating in which not only one but two and even three or four separate infections have occurred in the same individual. These reports come to us well authenticated and while now and then the reporters have seemed to rush too hurriedly into print with their cases of reinfection leaving one in doubt as to whether the condition was not a relapse, nevertheless, there are cases which have been so carefully observed that they settle once and for all time this mooted question.

It would appear that the modern treatment of syphilis is efficacious, and that we can answer the question, "Is Syphilis curable?" with a decided, "Yes."

### The Poliomyelitis Panic.

From the Medical Record, Sept. 8.

A meeting of the town board of Oyster Bay, L. I., held on Monday of last week, was taken possession of by a number of indignant citizens who passed a resolution regarding the poliomyelitis situation, setting forth "That it is the sense of this committee that the credulity of the public has been preyed upon sufficiently long in the neighborhood; that the business interests are sufficiently paralyzed; that frenzy and terror have been sufficiently propagated; that it is high time for a return to common sense, the discharge of the medical maniacs, the resumption of local business, the recall and restoring to confidence of our easily sacred summer residents, and the application of common horse sense to the so-called epidemic with which we as well as other communities have been afflicted." This is a little strong in spots, but is only what was to be expected as a natural reaction against the quarantine hysteria that is raging epidemically in this neighborhood. When a town stations men at every point at which a ferocious child may possibly enter, even though it wants only to pass through, and drives back the invader practically at pistol point unless it is armed with a certificate from a board of health—and in certain places even then, that community has plainly lost its head. When, furthermore, the healthy child, admitted on the strength of the official certificate, is immediately quarantined and forbidden to leave its home for twenty days, the

community so ordaining is devoid of reason. Although poliomyelitis has not been proved to be spread by direct contagion, and possibly never will be, it nevertheless is for the present a justifiable precaution to isolate the sick; but to war upon the well, to forbid children in evident health, riding in an automobile, to pass through the town at a speed of ten or more miles an hour, and even to expell children known to be in perfect health from a town in which they have been passing the entire summer because in the winter they live in New York City, betrays a degree of hysterical panic and craven fear that, were it not a fact, would be beyond belief. A Sicilian peasant mob in time of cholera could hardly do worse, but theirs would be the sin of the mindless while the suburban health officer is supposed to know better.

## Editorials from the Lay Press.

### Our Friend, the Doctor.

From the Los Angeles Times.

A doctor is a member of the greatest and most beneficent and unselfish of all the learned professions. We jest at the doctors in our hours of health, but when disease seizes upon the strength of manhood, when even the mighty Caesar cries, like a sick child, when the hour of pain is upon us, then in the hushed chamber and by the lonely lamp of the watcher, we invoke the merciful ministrations of the doctor, and with willing feet he comes through the storm and darkness, and with skill and patience and courage he battles with disease and beats back death from the House of Life.

### Bringing It to a Head.

From the Newark Evening News.

By refusing to permit any more garbage to be dumped at Silver Lake the Belleville Board of Health seems to have brought the problem of garbage disposal to a head in several different municipalities. Incidentally, the action indicates that the Board of Health of Newark might any time hitherto have forced the Board of Works to adopt some system of incineration or destruction instead of permitting the garbage to be dumped on vacant lots, where it constitutes a nuisance to the neighborhood, depreciating the value of adjacent property and imperiling the public health.

Obviously the easiest way to get rid of filth from your own premises is to deposit it on the property of your neighbor, so long as the neighbor is complaisant enough to permit it, but sooner or later he is sure to object, and then you may wish that you had adopted some other method. This is the situation that now faces Newark, Bloomfield and the Oranges. It is true that Newark still has the long-suffering meadows upon which to unload its waste, but it is a poor municipal housekeeper that maintains a fly-breeding, disease-disseminating garbage dump in its backyard.

The garbage problem is only half solved when the city decides to undertake the work of collection. Equally important is the question of its disposal, and the city cannot long continue the present wasteful and insanitary makeshift. The incinerating system is the way out.

### Work and Health.

From The State Gazette, Trenton.

A prominent Canadian financier went to England the other day "in the interest of his health." There wasn't anything the matter with him at the time. He had reached sixty-five years of age, and had acquired a goodly fortune, so he thought he would consult the best physicians he could find in an effort to learn how he could live to be one hundred years old. He had ample means to live any way that it might be necessary, and he was willing to undergo any sort of training the physicians might prescribe.

The physicians "looked him over," and pronounced him in perfect condition of health, with the chances in favor of his living a long time. But whether he could live to be one hundred was problematical, the physician said. Certainly he would have to do one thing in order to reach that age—and the banker was ready to do it. That was to go to work, and work a little harder than he had been accustomed to work of late years. In other words, he could live to be one hundred only in the event he did not "retire."

Then the physician told the banker a few things about "retiring." He said he had no record of any man living to extreme old age after he had given up work. All of the centenarians, in fact, were persons who had continued to work. No man who led an active life to seventy-five or eighty and then retired, had lived any length of time, and few men who had worked until they were sixty-five and retired, had lived to seventy or seventy-five.

The advantage of succeeding in life and acquiring a competence is that it enables one to do the sort of work he loves to do, and thus to enable him to escape the details that are unpleasant. But it does not promote longevity to acquire money unless one continues in the harness. Work that one does not care to do kills at times; that is the burden of toil—to do something you do not want to do.

### Soldiers of Health.

From The Chicago Journal.

Uncle Sam's decision to take a hand in fighting infantile paralysis calls attention to the fact that in one point, at least, the United States in an example in preparedness. The public health service of this country is one of the finest organizations of its kind in the world.

This magnificent hand of sanitary soldiers has developed from the old Marine Hospital service. As might be guessed from their origin, their chief—but not their sole—task is to meet and beat armies of foreign contagion which threaten American soil. They drove yellow fever from New Orleans. They stamped out bubonic plague in San Francisco. They are fighting a winning campaign against blindness and hookworm in the southern mountains. They are on guard constantly at every port and at every threatened point in the interior.

Whenever flood or fire or other disaster breaks down the normal safeguards which keep back disease, there you will find the Public Health service—ready for any sacrifice, equal to any emergency, cool, capable, efficient legionaries of health.

## Therapeutic Notes.

### Burns, Scalds and Wounds.

Soubeyran prefers the following prescription for use in the treatment of scalds, burns, varicose ulcers, etc.:

R Balsami peruviani, 5x.

Acidi picrici, gr. viij.

Paraffini mollis, 3ij.

M. fiat unguentum.

Care should be taken to protect clothing and bed clothes from the stains which the above drugs produce.—Journal des Praticiens.

### Dandruff.

The following prescription, while not new, deserves repetition because of its ability to produce such excellent results:

1 R B. naphthol, gr. xx.

Bergamot oil, m. x.

Vaseline, 3j.

M. fiat unguentum.

Apply to the scalp at night and thoroughly shampoo the scalp and hair in the morning with any good soap.—Practical Prescribing and Treatment.

### Pneumonia Treatment.

R Potassii iodidi, 3j.

Creosoti, 3ss.

Spiriti recti, 3ij.

Extracti glycyrrhizae fluidi, 3iij.

Aquam ad, 3vi.

M. Sig.: A tablespoonful every four hours until the temperature reaches normal.

### Trifacial Neuralgia.

R Morphini hydrochloridi, gr. 1/6.

Antipyrini.

Potassii bromidi, aa, gr. ix.

Acidi citrici, 3ss.

Acidi tartarici, gr. xl.

Sodii bicarbonatis.

Sacchari lactis, aa, gr. LXXV.

M. et fiat chartula No. 1. Sig.: Take in a half glass of water.—Nouveaux remedes.

**Indications for the Use of Ergot.**—Sinha says that, as ergot contracts unstriped muscular tissues in all parts of the body and its action is not confined solely to the organs of reproduction, it should be given when the skin is pale, cool, and relaxed, bathed in cold, clammy perspiration, the mucous secretions being increased, with or without involuntary passages from bowels and bladder.—Indian Medical Record.

**Ingrowing Toe-Nail.**—Good results in the treatment of ingrowing toe-nail may be obtained by dusting the affected part with a little powdered lead nitrate, after careful cleansing. A white scab forms, which must be removed on the following day; otherwise, pus is liable to collect underneath, the dusting being then repeated. The same treatment is followed from day to day as long as necessary. Liesching has been using this method for many years, with satisfactory results.—Liesching.

**Itching from Frost-bite.**—Dr. P. G. Unna explains the mechanism of itching from frost-



bite as a tendency to sanguinolent edema with secondary paralysis of the arteries. The resulting hyperemia from the stasis is what entails the itching in chilblains, etc. The stasis hyperemia must be corrected by inducing vigorous circulation through the parts, transforming, he says, "Stauungs- in eine Wallungs-hyperämie," correcting the tendency to stasis edema by pressure or toughening measures, such as painting the feet and hands with pure ichthyol and applying adhesive plaster when it is dry.

#### Rheumatism-Articular; Rheumatoid Arthritis.

Dr. Beverley Robinson considers that in the local treatment of these conditions nothing equals daily massage combined with active and passive movements. When this is not always obtainable and when local medication is desired, the compound tincture of iodine and the iodine ointment are more often preferable to the simple tincture of iodine. For internal use he prefers the glycerophosphates or hypophosphites of lime and soda, and Bland's pill mass in powder form. Cod liver oil in combination with malt extract or the hypophosphites is an immense aid to nutrition. No amount of good butter or cream will supply its deficiency.—Clinical Medicine.

**Winter Pruritus.**—Dr. P. G. Unna, in Berliner Klin. Woch., discusses the itching which is liable to occur in the legs after retiring in cold weather. The relief from pressure of the clothing and the warmth induce conditions which entail the itching. Causal treatment is the wearing of a high elastic stocking or strips of adhesive plaster to prevent the sinking of the blood into the more or less enlarged veins, and means to soften the horny layer compressing the capillaries thus distended under the influence of gravity. For local application to improve the circulation, arrest the itching, soften the horny layer, and cure any tendency to eczema, he recommends a mixture of 24 parts each of diachylon ointment and camphor ointment (Ung. Hebrae and ung. campjhorati) and 1 part each of phenol and chlorbenzol.

### Hospitals; Sanatorium.

#### Ann May Memorial Hospital, Spring Lake.

Contracts were awarded last month for a \$42,000 building for this hospital. It will consist of an administration building and a wing with public wards and thirty private rooms. It is expected that it will be completed by January 1st.

#### Asbury Park to Have a Hospital.

A campaign to raise \$75,000 for a hospital in Asbury Park was recently conducted. A committee of thirty had been appointed, of which Drs. W. W. Beveridge, C. M. Tripp and W. I. Thompson were members. A large number of workers were enlisted.

The board of directors has purchased ground on Comstock street, with a frontage of 300 feet for the erection of a hospital at a cost of \$10,000; the building will cost about \$40,000 and \$5,000 will be expended on a nurses' home.

#### Fair Oaks Sanatorium, Summit.

Plans have been matured for an enlargement costing between \$12,000 and \$15,000 of this sanatorium. The addition will be 83 by 25 feet and will contain a class room, chemical laboratory and a dormitory.

A fire recently occurred in a building used by the sanatorium in the rear of the property but no injury to the patients resulted.

#### Muhlenberg Hospital, Plainfield.

This hospital is to receive quite a large legacy from the estate of Charles G. Crawford, who died in New York City July 11th. He was formerly a resident of Plainfield. The hospital receives the residue of his estate after other legacies are distributed.

The Red Bank Hospital Auxiliary cleared \$1,200 for the Monmouth Memorial Hospital of Long Branch from a fair which it held last month.

### Marriage.

**ARESON-GLASSON.**—At East Orange, N. J., September 15, 1916, Dr. John F. Areson of Montclair, to Miss Gladys Harvey Glasson of East Orange.

### Deaths.

#### IN MEMORIAM.

#### Rowland Cox, Jr., M. D.

A special meeting of the Passaic County Medical Society was held August 23, 1916, to take action on the death of Rowland Cox, Jr., of Paterson, N. J., which occurred on August 26, 1916, at the New York Hospital, following an operation for cerebral tumor.

Drs. Hagen, Gutherson, Duncan, Stewart, Marsh and others commented upon the sudden and untimely ending of a promising and useful life. Dr. Cox was in the forty-four year of his life. He was educated at Yale University and the College of Physicians and Surgeons, Columbia University. He served as intern at Gouverneur Hospital, New York; spent a year at the University of Edinburgh. He began practice in New York the following year, at the same time acting as Dr. Hartley's assistant in the department of operative surgery in P. and S. During the summer he practiced at the Mt. Kineo House, Moosehead Lake, Maine. He came to Paterson in the spring of 1913, devoting himself entirely to the practice of surgery.

About six weeks before his death the first symptoms of an infiltrating glioma of the motor area set in and his death cut off a life highly useful and greatly esteemed by those who knew and loved him, adding another to the list of sad and untimely deaths among the medical men of Passaic County.

O. R. Hagen, Reporter.

**SHARP.**—At Camden, N. J., August 26, 1916, Dr. Ezra B. Sharp, aged 55 years. He was a brother of Dr. Jennie S. Sharp of Camden and of Dr. J. B. Sharp of Bridgeton.

At a meeting of the Camden County Medical Society held recently, the following resolutions were adopted:

Whereas, Our Heavenly Father has called from labor to reward, from suffering to relief, our fellow member and co-laborer, Dr. Ezra B. Sharp;

And whereas, in the passing of Dr. Sharp the Camden County Medical Society loses a loyal member, the medical fraternity an able exponent, the community a valued, public-spirited citizen, the church a staunch supporter and his family an affectionate husband, father and brother;

And whereas, we all shall miss his counsel and companionship and good cheer;

Be it resolved, that we most deeply feel the loss sustained by the departure of Dr. Sharp and extend to his bereaved family, comforted by their confidence in a re-union and by the memory of his fidelity to Duty and service to his Master, our tenderest condolence;

Be it resolved further, that a copy of these resolutions be forwarded to the family of Dr. Sharp; that they be made a part of our records and published in the press of the city.

Grafton E. Day, M. D.; Paul M. Mecray, M. D.; Paul H. Markley, M. D., committee.

#### Dr. John W. Ward.

The Bridgeton News, August 31, says.

Dr. John W. Ward, formerly medical director of the State Hospital for the Insane at Trenton, died at his home in Pennington a few days ago after several years of failing health. Dr. Ward had numerous friends in Bridgeton. He was an alienist whose fame extended beyond the limits of his native State. For forty-one years he gave of his time and talents to the State of New Jersey in the care of the unfortunates committed to the Trenton institution, and his pay was never in proportion to the value of his services.

Dr. Ward did wonderful work in promoting the efficiency and usefulness of the great institution of which he was the executive head for so many years. He was a man of rare and diversified talents, and was gifted with a degree of personal magnetism which won for him a wide circle of staunch friends. Of powerful frame and indomitable will, Dr. Ward was a commanding figure in any gathering of which he was part. His retirement from active practice took place eight years ago.

Befitting a great heart and true Christian character, Dr. Ward did his life's work in a way that has left its lasting impress upon society.

#### Deaths of Doctors' Wives.

AYERS.—At Rockaway, N. J., August 30, 1916, Mrs. Sue F. Ayres, widow of Dr. Daniel S. Ayers, formerly of Rockaway, aged 64 years.

PECK.—At Caldwell, N. J., September 8, 1916, Mrs. Elizabeth A. Peck, wife of Dr. Edward E. Peck, of Caldwell.

In dyspnea with very labored respiration, opium or its combined alkaloids gives better results than does morphine.

## Personal Notes.

Dr. W. Homer Axford, Bayonne, and wife have returned from a two weeks' vacation spent at Chester.

Dr. John Bruyere, Trenton, and wife returned last month from a tour of the New England States.

Dr. J. Hervey Buchanan, North Plainfield, spent last month at the Thousand Islands.

Dr. William A. Clark, Trenton, returned last month from Plattsburgh, N. Y., where he spent two weeks.

Dr. Edgar Clement, Haddonfield, enjoyed a sea trip from New York to New Orleans recently.

Dr. Paul L. Cort, Trenton, and wife have returned; the doctor has recovered from his long illness and resumed practice.

Dr. Lucius F. Donohue, Bayonne, enjoyed a few days' vacation last month.

Dr. James R. English, Newark, and family who have spent the summer at their Budd Lake cottage, recently took an auto trip to Connecticut.

Dr. Thomas H. Flynn, Somerville, and wife took a trip to Nova Scotia last month.

Drs. Robert H. Hamill and W. J. Lamson, Summit, returned decently from their trip to the Adirondacks and Montreal.

Dr. Ernest G. Hummel, Camden, returned last month from a pleasant sojourn at Ocean City.

Dr. Paul H. Markley, Camden, has returned from an extended sojourn at Bowers' Beach, Delaware.

Dr. Edward E. Peck, Caldwell, has been nominated by the Republicans and Independents as a candidate for mayor of that town.

Dr. Martin W. Reddan, Trenton, and family have returned from their cottage at Chelsea, where they spent the month of September. The doctor has moved into his new offices at 126 West State street.

Dr. Lawrence Rogers, Trenton, has returned from several weeks' vacation spent at Bryants Pond, Me.

Dr. George N. J. Sommer, Trenton, and wife returned last month from their trip to Niagara Falls and Toronto.

Dr. Merrill A. Swiney, Bayonne, and wife enjoyed a weeks' vacation at Providence, R. I.

Dr. Enos E. B. Beatty, Newton, has been appointed medical inspector of Andover Township schools.

Dr. Harry H. Bowles, Summit, has moved to 11 Hillside avenue.

Dr. Fred L. Brown, New Brunswick, wife and child spent ten days last month in Maryland and Virginia.

Dr. William A. Clark, Trenton, has been commissioned as a first lieutenant in the medical reserve corps of the U. S. Army.

Dr. Bert Daly, Bayonne, has been drawn as a member of the Hudson County grand jury. September term.

Dr. Morris A. Flower, Newark, has removed his office from 167 West Kinney to 22 East Kinney street.

Dr. Henry W. Kice, Wharton, addressed the Morris County W. C. T. U. recently on "Alcohol as a Medicine." The doctor and his wife spent two weeks in Michigan recently.



Dr. Levi W. Halsey, Montclair, and wife recently returned from Jefferson Highlands in the White Mountains, N. H.

Dr. Albert N. Jacob, Sparta, has been appointed medical inspector of the township schools.

Dr. Leroy G. Kirkham, Newark, and wife have returned from their stay in the Catskills.

Dr. William W. Kain, Camden, has been drawn as a member of the Camden County grand jury, September term.

Dr. D. J. Milton Miller, Atlantic City, read a paper at the American Pediatric Society meeting in May on "Scarlet Fever and Measles Occurring Simultaneously."

Drs. Paul H. Markley and E. A. Y. Schellenger, Camden, were praised for the good work at the Ancora Sanatorium by Judge Boyle in his address to the grand jury last month.

Dr. William A. Newell, Trenton, and wife spent the month of September in South Carolina.

Dr. Louis C. Osmun, Hackettstown, has been appointed medical inspector of the local schools.

Dr. Bert A. Prager, Chatham, has been appointed medical inspector of schools.

Dr. Hervey D. Van Gaasbeek, Sussex, has been appointed medical inspector of local schools.

Dr. Fred H. Albee, Colonia, and wife recently returned from a two months' sojourn in France. Dr. Albee saw service at the front and Mrs. Albee served in a hospital outside of Paris.

Dr. Edward S. Hawke, Trenton, and family has returned home from their summer residence at Lawrenceville.

Dr. John D. Ten Eyck, Bradley Beach, and family spent a few days last month at East Whitehouse.

Dr. Francis Tweddell, Summit, and family have been staying in the Berkshires for a few weeks.

Dr. Walter S. Washington, Newark, made a high record on the links of the Apawamis Golf Club at Rye, N. Y., last month, leading the score of Jersey men there.

Dr. Walter S. Bray, Camden, and family have returned from their vacation spent in Maine.

Dr. Lester R. Davis, Newark, and wife took an auto trip through New England last month.

Dr. Thomas N. Gray, East Orange, and wife spent two weeks last month at Pleasure Beach, Conn.

Drs. Edward J. and Charles L. Ill, Newark, have returned from their summer homes at Island Heights.

Dr. Henry W. Kice, Wharton, and wife spent the last two weeks of September in Michigan.

Dr. Victor Mravlag, Elizabeth, returned recently from his vacation stay in the Adirondacks.

Dr. Fred. C. Weber, Newark, and wife have returned from their summer home at Monroe, N. Y.

fendant Senior had been guilty of gross unprofessional conduct in violation of Section 5 of Chapter 193 of the General Laws of Rhode Island of 1909, and that in consequence the certificate issued by the board authorizing him to practice medicine and surgery in the State should be revoked. From the action of the board he appealed to this court. The charges preferred by the secretary of the board were that the defendant had been guilty of gross unprofessional conduct; that he had violated the laws of the State, and that he had been guilty of acts which rendered him an unsuitable person to practice medicine. On the hearing before the court, testimony was presented showing that he had been frequently guilty of drunkenness and of improper and indecent acts in public places; that in the year 1913 he had been twice convicted and sentenced as a common drunkard; that in October, 1915, he had been consulted by several persons to obtain the performance by him of illegal acts, and had named to them the price for which he would perform such acts. The court says that the charges were sustained by the evidence, wherefore the finding of the board is affirmed and the license of the defendant to practice medicine and surgery in Rhode Island is revoked.—(Senior vs. State Board of Health (R. I.), 90 Atl. R. 340).

**Liability for Wrong Diagnosis.**—In an action for malpractice for negligently and unskillfully diagnosing and treating the plaintiff's injury to his right leg as a sprain only when in fact both bones were fractured, the fibula and tibia, about three inches above their lower ends, there was considerable testimony of physicians on both sides as to the difficulty of diagnosing injuries to the lower leg or ankle, and so to the methods of examination for such injuries, and the relative utility of the different recognized tests. While not altogether in harmony, that testimony disclosed a consensus of opinion that there are certain recognized methods of examination or tests to be used when the nature of such injuries is not obvious, but hidden and difficult of diagnosis. And all agreed that an X-ray picture of the injured parts will disclose with almost absolute certainty whether any fracture exists, that the next most useful mode of examination is manipulation and moving of the injured part while the patient is etherized, and that manipulation without etherization is the least efficient, because it is necessarily more or less limited on account of the pain thereby caused to the patient. The defendant concluded that it was unnecessary in the plaintiff's case to have an X-ray picture taken of the leg, or to etherize the patient, and he relied upon his manipulation of the injured parts and his examination for deformity or other possible indication of fracture. He made a mistake, however, and his diagnosis was wrong. But that fact alone was not sufficient to render him liable. It must first be shown that the mistake was the result of a failure to use painstaking care and diligence, and to exercise the best of his admitted learning, skill, and judgment in his examination and treatment of the plaintiff's injuries. Whether this was so was a question for the jury.—*Nickerson v. Gerrish*, Maine Supreme Court, 96 Atl. 235.

## Medico-Legal Items.

### Gross Unprofessional Conduct Justifying Revocation of License.

The Supreme Court of Rhode Island affirms a finding of the State board of health that de-

**MEDICAL EXAMINING BOARDS' REPORTS**

Examined. Passed. Failed.

Colorado, April.....	7	2	5
Colorado, July.....	20	19	1
Connecticut, March....	18	12	6
Florida, June.....	61	50	11
Georgia, June .....	129	126	3
Illinois, January.....	64	41	23
Illinois, May.....	168	154	14
Kentucky, June.....	70	64	6
Massachusetts, March..	41	30	11
Maine, July .....	12	9	3
Medical Council of Canada, 1915* .....	88	49	39
Montana, April.....	29	21	8
Missouri, March.....	21	17	4
New York, January....	146	93	53
Oklahoma, April.....	9	6	3
Oregon, July.....	38	28	10
Texas, June.....	92	80	12
Washington, July.....	29	28	1
Wyoming, March.....	7	7	0

\*Failed and refused.

**Public Health Items.****Do You Know That—**

Sickness lowers earning capacity?  
 Low wages favor high disease rates?  
 Disease is the Nation's greatest burden?  
 Sunlight and sanitation, not silks and satins,  
 make better babies?

It is estimated that one million two hundred thousand Americans die each year?

Heart disease, pneumonia and tuberculosis cause more than 30 per cent. of deaths?

A female fly lays an average of 120 eggs at a time?

The U. S. Public Health Service is the Nation's first line of defense against disease?

**Healthgram.**—He who has health has hope, and he who has hope has everything.—Proverb.

**Moderation in Eating.**—For the sake of health, medicines are taken by weight and measure; so ought food to be, or by some similar rule.—Skelton.

That doctor is an enemy to his patrons, to the State and to science of medicine, who refuses or neglects to report his births, deaths and cases of dangerous infectious diseases.—J. Ind. St. Med. Soc.

**Swallows.**—It may take more than one swallow to make a summer, but half a swallow of dirty milk can make a summer complaint.—Bull. Lincoln (Neb.) Health Department.

**Drugs and Stamina.**—If the quantity of medicine a citizen takes is any index of physical condition, then this nation needs to take thought of the stamina of its people.—Health Letter, Life Extension Institute.

**Chronic Diseases and Advertised Remedies.**—It is safe to say that most advertised remedies for chronic disease are actually harmful in

such conditions.—Health Letter, Life Extension Institute.

**Patent Medicine Barred.**—Patent medicine gets no show in the columns of the Columbus (Ohio) Daily Monitor, a new newspaper which made its first appearance in Columbus one afternoon early in July. Physicians will be interested in knowing that the new publication has aligned itself with some of the greatest newspapers of the country by barring patent medicine advertising. An announcement on editorial page of the Monitor reads as follows:

"No beer, whiskey or patent medicine advertising is accepted by the Monitor. So far as practicable, the Monitor will protect its readers against the dishonest advertiser. The Monitor will not only discontinue such advertising immediately upon discovery of its fraudulent nature, but it will in every way endeavor to assist the reader who may have been victimized to secure adequate adjustment."

**Alcohol and Pneumonia.**—The United States Public Health Service brands strong drink as the most efficient ally of pneumonia. It declares that alcohol is the handmaiden of the disease which produces 10 per cent. of the deaths in the United States. This is no exaggeration. We have known for a long time that indulgence in alcoholic liquors lowers the individual vitality, and that the man who drinks is peculiarly susceptible to pneumonia. The United States Public Health Service is a conservative body. It does not engage in alarmist propaganda. In following out the line of its official duties it has brought forcefully to the general public a fact which will bear endless repetition. The liberal and continuous user of alcoholic drinks will do well to heed this warning, particularly at this season of the year when the gruesome death toll from pneumonia is being doubled.

**Transmission of Disease by Insects.**—Centuries ago there was suggested the possibility that insects were concerned with the spread of disease, and from time to time there have appeared keen suggestions and logical hypotheses along this line that lead us to marvel that the establishment of the truths should have been so long delayed. One of the earliest of these references is by the Italian physician, Mercurialis, who lived from 1530 to 1607, during a period when Europe was being ravaged by the dread "black death," or plague. Concerning its transmission he wrote: "There can be no doubt that flies feed on the internal secretions of the diseased and dying, then flying away, they deposit their excretions on the food in neighboring dwellings, and persons who eat of it are thus infected."—Riley and Johannsen, Handbook of Medical Entomology.

**The Prevention of Tuberculosis.**—When mankind fully appreciates the fact that three out of probably every four of the so-called delicate people we know are delicate because they have tubercle bacilli, active or in active, latent or concealed, in open or closed tissues, though most often unknown to themselves, then we may, and doubtless will, begin to arrive in perceptive visibility of the, as yet, delayed solution of the tuberculosis problem.—Way.



**Pellagra.**—Dr. H. F. Harris, Atlanta, Ga., says: In 1810 Mezari wrote a celebrated monograph on pellagra in which he advanced the idea for the first time, that maize was definitely the cause of the disease, and the belief was that maize was poor in protein albuminous material, which was not true.

In 1856 other monographs appeared on the subject of pellagra, in which it was particularly advocated that the cause of the disease was due to a lack of protein diet, and the cure was to feed people properly, and now we find the Marine Hospital Service has made this remarkable discovery in the present year.

**War Mortality.**—Of the Boer War (1899-1901) only two features need be noticed. First, that typhoid attacked 57,684 men and killed 8,022, while the Boers only killed 7,781. Bacteria were more deadly than bullets, as Osler has said. Secondly, the modern missile was for the first time in general use, with the result that instead of about 15 per cent. of the wounded losing their lives, only about 8.8 per cent. died. The wounds from the new missile were much less severe and healed more quickly than ever before. The first aid packet also had come to the aid of the soldier.—W. W. Keen, *Before and After Lister*, Science, 1915.

## Food for Thought.

Beholding notes like charity ought to begin at home.

Only when we serve at our best are we preparing to serve better.

Enthusiasm climbs to success on the stepping stones that listlessness calls obstacles.

The three W's is my maxim; plenty of work, plenty of wittles, and plenty of wages—Thackeray.

A patient who says he must borrow the money to pay you will borrow the money but won't pay you. He will rob Peter to pay Paul and will cheat Paul.

The reason why men succeed who mind their own business is because there is so little competition.—F. Marion Crawford.

It is the man who carefully pegs his way up step by step, with his mind becoming wider and wider and progressively better able to grasp any situation preserving in what he knows to be practical and concentrating his thoughts upon it, who is bound to succeed in the greatest degree.—Alexander Graham Bell.

Our standing as Christians was set forth by the little girl who was taken to church for the first time. During the service a number of people in the congregation cried out Amen, Amen, thus voicing their approval of the sentiments of the preacher. When she reached home she said: "Mamma, why did those people say Amen? Why didn't they say Be Men?"

Some years ago at a dinner party the hostess asked each of her guests to give an answer to the question: "What is happiness?"

The one given by a successful artist, a woman was unanimously decided to be the best. It was in four words: "To love your work."

This idea of joy and happiness in one's work is taking deep root in our minds these days. To perform the day's work joyfully and joyously may not be possible, in cases, without effort, but the fact is being realized more and more that it is very much worth while to develop the habit.

This plan has no limitations of environment. Whether in the home, in the office, in the factory, or at recreation time, you can take cheerfulness and willingness and eagerness with you. The day's burdens are lightened, fatigue is kept at a distance, depression is not given a chance to get you in its clutch. Not only are you good company for yourself, but for others. Your joy in what you are doing surrounds you and spreads to your associates. o

## Facetious Items.

Doctor Cureitt—Did you take those sleeping powders I ordered?

Patient—All of 'em. My wife woke me up four times last night to give 'em to me.

"Pa," asked Johnnie, "what is a pathologist?"

"He's a man who lays out paths in parks and elsewhere, my boy. No don't bother papa any more; he's busy."—Exchange.

Orator—"Allow me, before I close, to repeat the words of the immortal Webster." Farmer Foddershucks (in a stage whisper)—"My land! Maria, let's git out o' here. He's a-goin' 'ter start in on the dictionary!"

"In your sermon this morning you spoke of a baby as a new wave on the ocean of life."

"Quite so; a poetical figure."

"Don't you think 'a fresh squall' would have hit the mark better?"

Marion—What detained Reggy in the vestibule so long last night?

Myrtle—He said he wanted to give me a bushel of kisses.

Marion—You did well to accept. After marriage it will be a mere peck.

"My ancestors came over in the Mayflower," remarked the man who prided himself on his pedigree.

"That's nothing," growled the plebeian. "Mine sailed in the ark."

"That baby takes after its father."

"Oh, you don't know anything about its father. He never would leave anything behind for even a baby to take."

Doctor: "I'm grateful, indeed, Miss Growells, but how did it happen that you suggested me as physician to the late Miss Deadhem? I thought that you were not friendly to each other."

Miss Growells: "We were not; that's exactly the reason that I suggested you."—Judge.

## OFFICIAL TRANSACTIONS, 150th ANNUAL MEETING.

Addenda Concluded From Page 553.

Annual Reports of the County Societies to the Chairman of the Committee on Scientific Work—Dr. Alex. MacAlister.

### ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

I am pleased to report a prosperous year for the Atlantic County Medical Society. Nine meetings were held during the year and each one was well attended. Eight of them were of a scientific nature mainly, while one was a business meeting and banquet.

We were honored during the year by having with us at our meetings the following out-of-town men who presented interesting papers: Drs. Barclay, McWilliams, Price, Erdman, Oppenheimer, Gottlieb and Bishop, all of New York, and Drs. Park, Piper, McCloskey, Talley, Reisman and Anders, of Philadelphia.

Seven new members were elected: Drs. Cassel, Cunningham, Quinn, Allman, Alsop, Corson and Bowker. Dr. Pennington was reinstated. One member, Dr. E. S. Sharpe, resigned.

Atlantic City enjoyed a very successful "Baby Week" in which our society members took an active part.

No serious epidemic has been encountered during the year, in fact very little contagion has been reported. We have had some little trouble with matters pertaining to tuberculosis patients, but now have a splendid new hospital for these cases, located at Northfield, with Dr. Clyde Fish in charge, and conditions are now near perfection.

An encouraging step was taken when Dr. H. C. Munroe was appointed head of the county asylum and almshouse. Heretofore there had not been, at least in recent years, a medical man in charge of these institutions.

### BURLINGTON COUNTY.

D. F. Remer, M. D., Reporter.

I am glad to be able to report for the Burlington County Medical Society a very busy year and one of the most prosperous and beneficial in its history. Four meetings were held during the year and the scientific programs were interesting and instructive.

A number of visitors have been entertained at all the meetings.

We have added to our membership Drs. Keim and Peace. Two men, Drs. Wagner and Lamote have been dropped owing to their removal from the State.

We have lost one member by death, Dr. Alexander Small, of Riverside.

We have had the prevalent epidemic of measles which is sweeping the State.

It has generally been concluded that during the past winter more pneumonia has prevailed than in previous years, as a complication of the epidemic of influenza.

### CAMDEN COUNTY.

Grafton E. Day, M. D., Reporter.

The Camden County Medical Society began its annual work in October by listening to a

thoughtful presentation of "The Continuation School," an essay by retiring President Dr. E. A. Y. Schellinger. After full discussion it was decided to make more prominent the scientific work of the society.

The officers for the ensuing year were elected and installed as follows: President, Dr. John J. Haley, Gloucester; vice-president, Dr. Marcus H. Mines, Camden; secretary, Dr. Daniel Strock; assistant secretary, Dr. W. H. Pratt; treasurer, Dr. W. W. Kain; historian, Dr. Alfred Cramer, all of Camden; reporter, Dr. Grafton E. Day. Dr. Wm. A. Wescott was nominated as a permanent delegate to the Medical Society of New Jersey and Drs. M. M. Osmun, J. Edgar Howard, Jesse L. Mahaffey, Chas. H. Jennings, annual delegates.

Delegates to Atlantic, Burlington, Cape May, Cumberland, Gloucester and Salem counties were elected.

The December meeting was devoted to a symposium on "Tetanus Prophylaxis, Diagnosis, Treatment" in which Drs. T. W. Madden, F. W. Shafer, Joseph Nicholson respectively instructed us. At this meeting a transfer of membership was granted Dr. P. Starr Pelouze.

The annual social was held as always, the second Tuesday evening in February, and after a very brief business session, a season of merriment and joyous good will soon was mingled with the aroma of the good things for the inner man—and woman. The usual formal entertainment was dispensed with.

The May meeting was devoted to a symposium on "Insanity Prevention," Dr. L. M. Halsey, and "Treatment" by Dr. J. Anson Smith.

Syphilis and alcohol were given as two great causes and a study of the child to discover its adaptation to vocational work was suggested as a preventative measure. Marriage was noted as a dangerous factor to very nervous people. Dr. Thos. N. Gray, secretary of the State Society, was present and told us of the plans for the coming State convention.

Drs. Thomas K. Lewis and Meyer Segal were elected to membership. The Hospital for Contagious Diseases of Camden was recently opened for reception of cases.

During the year a pandemic of illness, simulating epidemic influenza has been with us centering its effects in December and January.

Dr. H. Genet Taylor, one of the most honored of our members and active for many years in local, county and State medical work, has passed on.

Several cases of severe illness of members of the profession has been noted during the year but with few fatalities.

### CAPE MAY.

Eugene Way, M. D., Reporter.

I herewith submit the annual report of the Cape May County Medical Society for the past year.

The programs arranged for our meetings by President Physick have been of a high-class, our society having been honored by the presence of Professors Richard C. Norris, M. B. Hartzell and Wm. H. Wells, and addresses particularly adapted to the needs of our members have been given.

We regret to report that only about forty per cent. of our members have acquired the habit of attending the meetings of our society,



but this is also probably true of most medical societies.

Our ranks have been depleted by the death of President Emlen Physick and Ex-President James Mecray, both of whom were eminent in various lines and deeply interested in the success of our society.

#### CUMBERLAND COUNTY.

E. S. Corson, M. D., Reporter.

The four regular meetings of the society have been held and fairly well attended. The second annual picnic was a decided success. The scientific feature of the meetings have been good. There is a marked tendency to depend on outside talent to present the papers. The Committee on Legislation has been active in urging the freeholders to provide a tuberculosis hospital; so far nothing definite has been accomplished.

Too few members attend the State meeting. The District Councillor has not been with us as much as in previous years; but few members of visiting societies have met with us the past year. We have lost by death one of our oldest and most active members, Dr. J. W. Wade, of Millville. There have been several removals from the county and a few additions. Local doctors assisted in observing baby's day. This is a praiseworthy movement but it should be more than a prize baby show.

#### ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society has reached the venerable age of one hundred years. The 18th of this month of June records the completion of a centenary of practically continuous work of this one organization. Four other county societies, Middlesex, Somerset, Morris and Monmouth, have the same distinction, all being started about the same time by efforts emanating from the State Society. This report, therefore, is a significant contribution to the 150th anniversary of the State Society from a county society which, though her daughter as it were, feels herself the dignity of years in three figures. She extends her congratulations but also asks a return and a recognition that she is doing her part to maintain the lofty reputation for unselfish, efficient service which the world has attributed to the medical profession, or has the profession claimed it and thereby laid upon itself a still greater obligation? Our county, to crown this year of double celebration, has pleasure in reporting an increase in membership of eleven per cent. over last year, by the election of forty-five new members. And this followed a preceding year of gain of twenty-five per cent. by the addition of ninety names. The membership is now 457 by the State Journal's published list, but we added another twenty-one names last month, after this list closed May 1st. The plan which has brought these accessions has been a special committee canvassing every registered medical licentiate in our county by a laborious preparation of available names and their allotment among the members, the return of the list of names with individual notations opposite each being a record for future guidance in any similar canvass. The annual meeting of the County Society was held Oc-

tober 5th. Committee reports were rendered on Care of the Insane, Public Health Education, Scientific Meetings, Milk Problems, Tuberculosis, Legislation, and the President, Dr. Carl E. Sutphen, delivered the annual presidential address, his topic being "The County Medical Society as a Benefit to its Members and the Community at Large." Four members have died during the year, Emil E. Guenther, George F. M. Lamont, William H. McKenzie and Albert Wickman. The five scientific meetings during the year have been of notable excellence, the visiting speakers being Dr. Robert T. Morris on "Fibroid Appendix;" Dr. Haven Emerson on "The Private Practitioner the Fundamental Health Officer;" Dr. Charles E. Nammack on "Prevention of Old Age;" Dr. J. C. DaCosta on "Stumbling Blocks;" Drs. John A. Wyeth, C. H. Chetwood and John A. Bodine on "Motion Pictures for Teaching Surgery."

The Society for Relief of Widows and Orphans of Medical Men of New Jersey has just held its annual meeting in Newark. The reports of the benefits received by the families of members and the statement of growth of the permanent fund show what a great field of usefulness is provided hereby.

The Essex County Anatomical and Pathological Society has held eight monthly meetings of rare value for pathology and conducted dissecting by members under the special charter written for it, all of which has been fruitful of great interest and progress.

The Academy of Medicine of Northern New Jersey has carried out monthly programs under the different sections from October to May, inclusive, and done thereby the great service of encouraging all practitioners to write up and present their cases in open meetings and to discuss others. These meetings, like all the activities in our county, have been written up in monthly reports in the State Journal.

The William Pierson Medical Library Association has followed its plan of scientific meetings open to the profession and presented interesting programs. The Medical Library Association of Newark has pursued its aims in library upbuilding and service for readers, adding steadily to its collection of books, journals and monographs, maintaining also, relations with other libraries throughout the nation and a medical library exchange. The Board of Health of Newark, besides former lines of work in public hygiene, has published a weekly bulletin of news and statistics with original articles on health matters. The hospitals in county and city have had a busy year. The most noteworthy incident of epidemic nature has been the unusual prevalence of measles, in Newark alone the number of new cases reaching 500 and more in a week. A serious question was raised whether closing the schools would hasten an abatement of the epidemic and judgment of men differed, but after conference between the Education and Health Boards the former concluded not to close the public schools, and the parochial and private schools were not under their jurisdiction. Although the number of cases of measles has been excessive, the knowledge of how many cases were occurring any time was not possible prior to five years ago (May, 1911), when measles was made a reportable disease after an experience the Eighth Avenue Day Nursery had with the

mixed infections, measles and diphtheria and their physician in charge appealed to the Board of Health to put measles in the same group of contagious and reportable diseases as diphtheria and scarlet. The mortality statistics never indicate the prevalence of measles as, unfortunately, cases of pneumonia, ear disease, etc., as complications, are not so reported but as primary diseases.

### GLOUCESTER COUNTY.

Howard A. Wilson, M. D., Reporter.

The Gloucester County Component Society has held as usual four scientific meetings and one purely social function during the year.

We are pleased to note more attention given to detailed reports of interesting cases and discussion of their treatment, and to the reports of epidemics throughout the country, with notes of any peculiar features and new methods of treatment. We find these discussions particularly helpful.

In May, 1915, the society was entertained by Dr. M. A. Hallowell, of the Home for Feeble-minded Women, at Vineland, and were enabled to thoroughly inspect the institution and its methods.

The scientific papers read before the society are as follows:

Small Pox, Dr. S. S. Woody; Early Tuberculosis, Dr. E. H. Funk; Tubal Pregnancy, Dr. Alfred Sternberg; Pyelitis, Dr. R. Max Goepp, all of Philadelphia; and Drug Addictions, Mr. Charles B. Town, of New York.

### HUDSON COUNTY.

William Freile, M. D., Reporter.

The Hudson County Medical Society has nothing of special importance to report during the past year. It has, nevertheless, made sure and definite progress.

The membership campaign inaugurated last year still continues to bear fruit—the roll call now approximates three hundred, and there are very few regular physicians in the county who are not affiliated with the organization.

The society has manifested the same keen interest in everything pertaining to the public health and welfare, and is now recognized in the community as a strong and aggressive body whose voice, when raised, counts.

The Scientific department during the past session has been thoroughly covered, and in addition to papers on various topics, furnished by the members, some of the more modern developments in medicine and surgery have been taken up by eminent men in the profession.

We feel Hudson County is doing more than holding its own, and that it is one of the State's most aggressive and progressive units.

### HUNTERDON COUNTY.

Morris H. Leaver, M. D., Reporter.

The semi-annual meeting was held in Flemington on April 25th, President Coleman, of Clinton, presiding.

Under the reports of sections Dr. Topkins reported four cases of ectopic gestation occurring recently in his practice all of which were operated upon and all recovered. He laid particular stress on three points of the diagnosis: First, the peculiar pain; second, the

brickly, dirty discharge; third, that the patient is a multipara who has usually had no children for eight or ten years. Drs. Fulper, Coleman, Clossen and Leaver reported cases.

Drs. Tompkins, Clossen, Sproul and Leaver reported cases of pseudocycosis occurring in their practice. Drs. Tompkins, Sproul and Clossen reported umbilical hemorrhage in the new born. Dr. Coleman reported a case of hernia in which the patient had furunculosis. One boil developed under the pad of the truss and when the boil was healed the hernia had disappeared.

Dr. Dunham spoke on the use of alcoholic injections for the cure of hernia.

Dr. English spoke on the remedies to arrest hemorrhage with special reference to hemoptesis. He also reported a case of measles occurring at the sanatorium to which fifteen other children were exposed. They were all receiving open air treatment for tuberculosis, and none of them contracted measles.

Dr. Clossen reported the case of a boy with recurring attacks of pain supposed to be renal colic. On operation the kidneys and ureters were found normal. The appendix although it appeared normal was removed as a routine procedure and the boy has had no recurrence of pain.

The subject of criminal abortion was brought up by Dr. Salmon, and all the above subjects were quite freely discussed by the members present.

Dr. A. H. Crystal, late of Califon, having removed to Nutley, resigned from this society to join the Essex County Medical Society. Our good wishes follow him to his new field.

It was decided that this society have two extra summer meetings, and the first one will be held early in June at the Hunterdon County Country Club, on the invitation of Dr. Coleman.

The annual meeting of the Hunterdon County Medical Society was held at Flemington on October 26th, 1915, with a good attendance of the members.

Dr. Salmon, the chairman of the section on practice, reported a case of myasthenia gravis, together with his observations thereon. Also the case of a cigarette "fiend" upon whom he and Dr. Romine operated. They gave gas followed by ether. The anaesthetic caused deep cyanosis and it took an hour of artificial respiration before the patient was able to breathe himself. The anaesthetic brought out his blood condition and served to emphasize the necessity of a routine query as to the use of cigarettes by the patient. He also reported the case of a girl with makor hysteria in which one hand had been so tightly clenched for four weeks that the nails had caused ulceration in the palm. During sleep it was possible to open the hand and it was allowed to close upon a bottle to prevent further ulceration.

Dr. Topkins reported a case that was being treated for hysteria in which a blood examination disclosed the plasmodium malaria and quinine cured the "hysteria." Another case was that of a man who choked while eating supper and found that he could not swallow. A stomach tube could not be passed until he was etherized. Immediately after an attack of vomiting the esophagismus disappeared. He also spoke of a case that had been treated



for years for rheumatism of the shoulder. The part was inflamed and greatly swollen and he opened it and let out a quantity of pus. He made a plea for greater care and thoroughness in the eliciting of symptoms, history, etc., in every case presenting.

Dr. Closson, under the section on surgery, reported the case of a patient with gall stones who at operation, in addition to the gall stones was found to have a sack lying along a portion of the duodenum containing eighty-eight cholesterin stones. This sack was entirely separate from the lumen of the bowel and had probably been a diverticulum which had become closed.

Dr. Best, the chairman of the section on therapeutics, read an article from the New York Medical Journal on the Horowitz-Beebe Autolysin treatment for the inoperable cancer. This was commented on by Dr. Betts and others. Dr. Betts also gave the results of his observations on four cases of cancer which were treated by an extract of cancer administered hypodermically. The patients all died.

Dr. Redd, who had been appointed essayist for this meeting and he read a paper on appendicitis with the report of a case in which at operation the appendix was found to have almost amputated itself.

Dr. Correll, of Easton, Pa., who was visiting the society reported a case of auto-amputation of the appendix occurring in his practice, with some remarks on the evils of drainage in some cases.

The Secretary of the State Medical Society having asked for a committee from this society to act with their Legislative Committee, Drs. Leon T. Salmon and Louis G. Williams, both of Lambertville, and Harry M. Harmon, of Frenchtown, were appointed.

The election of officers resulted as follows.

President, Dr. A. H. Coleman, of Clinton; first vice-president, Dr. A. D. Gary, of Ringoes; second vice-president, Dr. J. A. Betts, of Bloomsbury; secretary, Dr. O. H. Sproul, of Flemington; treasurer, Dr. E. W. Closson, of Lambertville; reporter, Dr. M. H. Leaver, of Quakertown; censors, Dr. G. L. Romine, of Lambertville; Dr. G. N. Best, of Rosemont; Dr. L. T. Salmon of Lambertville; delegate to the State Society, Dr. F. A. Thomas, of Flemington; alternate delegate, Dr. J. J. Rufe, of High Bridge.

#### MIDDLESEX COUNTY.

Frederick L. Brown, M. D., Reporter

The meetings of Middlesex County Medical Society have been held monthly during the year. Clinical material and papers presented have added interest to the meetings, and the attendance has been larger than during previous years. The membership has also been increasing. Most of the meetings were held in the New Brunswick or Perth Amboy Hospitals. One very enjoyable meeting was held at the summer home of Dr. F. M. Donohue, near Bound Brook.

#### MERCER COUNTY.

Irvine F. P. Turner, M. D., Reporter.

At the regular meeting of the Mercer County Component Medical Society, held in the council chamber of the City Hall, Trenton, N. J., the first Tuesday of each month at 8.30 P. M.,

during the past six months the following papers were read, discussed and enjoyed by the members present: A Case of Miliary Tuberculosis, by Dr. W. A. Taylor; Intra Capsular Fracture of the Femur, by Dr. F. G. Scammell; Care of Traumatic Rupture of the Small Intestine, by Dr. S. Sica; Care of Glio-Colitis, by Dr. H. D. Williams; Epistaxis, by Dr. J. F. P. Turner; When to Remove the Tonsils, by Dr. Enoch Blackwell; Brights Disease Etiology and Symptomatology, by Dr. W. A. Newell; Differential Diagnosis, by Dr. G. R. Moore; Treatment, by Dr. E. L. West; Acute Surgical Conditions of the Upper Abdomen, by Dr. M. W. Redd.

At Hightstown, N. J., general subject to be Tuberculosis: Pulmonary, by D. L. Rogers; Abdominal, by Dr. M. W. Redd; Glandular, by Dr. C. M. Franklin; Genito-Urinary, by Dr. G. N. J. Sommer; Osseous System, by Dr. Geo. H. Parker. Discussion opened by Dr. G. E. Titus.

#### MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The regular quarterly meetings of the Component Society of Morris County have been held. This year they have all been in the evening with good attendance, but the idea is gaining ground that an occasional meeting should be held in the day time.

The following have addressed the society: Dr. J. Madison Taylor, of Philadelphia, Pa.; Dr. J. Meara, of New York; Dr. C. C. Beling, of Newark, N. J. Reports of these meetings have been published in the Journal of the State Society.

During the year the society has been visited by the president of the New Jersey Medical Society, Dr. W. J. Chandler; the secretary, Dr. T. N. Gray, and the editor of the Journal of the Society, Dr. D. C. English. The membership has increased slightly.

We have had the misfortune to lose by death Dr. J. G. Ryerson, of Boonton, a Fellow of the State Medical Society. He was a practitioner in Morris County for over forty years and helped to reorganize the society in 1873. He was a faithful attender at our meetings in which he frequently took part and would often refer to his early surgical experiences when he frequently had to surmount difficult conditions.

The Morristown Medical Club has continued to hold its regular meetings and the members have listened to a number of addresses by prominent practitioners. The proceedings of these meetings have been published in the Journal.

All Souls Hospital at Morristown has commenced the building of a new hospital building which will be up-to-date in all respects and contain 100 beds.

Morristown Memorial Hospital has completed its new additions which include a laboratory and X-ray department and a new operating room. At the June meeting of the Morris County Society these are to be inspected by the members and guests to show what has been accomplished and how the medical profession has progressed in the hundred years of the society's existence.

A general hospital at Dover was opened during the year by Dr. Frank D. Gray, of Jersey City, ex-president of the State Society.

During the fall of 1915 a few cases of typhoid were treated in the county. In the early winter there were a great many cases of grippe which often had a fatal termination, especially when complicated with pneumonia. In the spring the measles were epidemic throughout the county and there were a number of persons treated for mild attacks of scarlet fever.

The inspection and certification of dairies are being made more rigid and complete with a lessening of diseases in children and infant mortality.

### OCEAN COUNTY.

Ralph R. Jones, M. D., Reporter.

The annual meeting of the Ocean County Medical Society was held at the home of Dr. W. G. Schaffler, Lakewood, on November 2, 1915. The following were elected for the coming year:

President, Stewart Lewis, Lakehurst; vice-president, V. M. Disbrow, Lakewood; Secretary, W. G. Schaffler, Lakewood; treasurer, I. H. Hance, Lakewood; annual delegate, G. W. Lawrence, Lakewood; reporter, R. R. Jones, Toms River.

Herbert O. Willis, of Beach Haven, was elected a member.

Dr. S. Lewis read a paper on "Chronic Pain Showing Good Results with the Injection of Sodium Cacodylate."

May 11, 1916, the spring meeting was poorly attended and adjourned without doing anything of note. It was held at the home of Dr. Schaffler, Lakewood.

### PASSAIC COUNTY.

William Veenstra, M. D., Reporter.

I beg to submit the following report of the scientific work presented of the Passaic County Medical Society during the past year. The papers were extremely interesting and instructive and presented a wide variety of subjects. A number of rare cases were also exhibited by various members of the society.

On September 14, 1915, Dr. Wm. H. Lederer, of New York, presented a paper entitled "The Inter-Relationship of Dentistry and Medicine." The paper was discussed by Drs. Magennis, Curtis, Carroll, McDonald and Snayerson.

At the regular meeting October 15, 1915, Dr. Joseph Collins, of New York, read a paper upon "Syphilis of the Nervous System." This paper was discussed by Drs. Surnamer, Mitchell Magennis and Maclay.

At the November meeting Dr. C. R. Mitchell exhibited a patient with carcinoma of the tongue, treated with radium. Dr. J. Roemer showed an X-ray plate and gave history of a case in which he made a diagnosis of syphilitic aneurysm of the aorta, and also read a short paper on this condition. Dr. G. E. Tuers presented a paper upon the use of vaccines in the treatment of pertussis; Dr. E. J. Marsh read a paper entitled "The Problems of the Specialists."

At the regular meeting held December 14, 1915, Drs. H. Cogan and Wm. Neer presented a case that had been diagnosed at autopsy as a diaphragmatic hernia. Paper was discussed by Drs. McCoy, Maclay, Dingman and Curtis. Dr. J. C. McCoy presented a patient showing the reformation of the hip joint fol-

lowing dislocation and fracture. Dr. T. A. Dingman reported and exhibited a series of kidney and bladder cases as follows:

(a), Partial cystectomy for tumor of the bladder; (b), nephrectomy for hydronephrosis; (c), secondary nephrectomy for pyonephrosis; (d), nephrectomy for pyelonephritis with puerperal sepsis and mania; (e), prostatectomy for hypertrophy of the prostate. Discussed by Drs. McCoy and Curtis. Dr. J. A. Maclay reported a case of malingering with its medico-legal aspects. Dr. McCoy reported his experience with the Beebe treatment of cancer and condemned it as being worthless.

At the regular meeting held January 11, 1916, Dr. J. T. Headlee, State entomologist, delivered a lecture on the "Mosquito Problem in Passaic County." This lecture was illustrated with lantern slides.

At the regular meeting held February 8, 1916, Dr. B. H. Rogers presented a case of ulcer of the stomach upon which he had performed a posterior gastro-enterostomy. Dr. Wm. Spickers presented a case of carcinoma of the stomach in which he did a pylorotomy and a posterior gastro-enterostomy. Dr. Jacob Roemer read a paper on the "X-ray Diagnoses of Diseases of the Gastro-Intestinal Tract and Thorax." He also exhibited about 60 X-ray pictures illustrating various pathological conditions of the stomach and intestines.

At the regular meeting April 11, 1916, Dr. J. C. McCoy presented a case of abscess of liver. Dr. McCoy then read a paper on "Major and Minor Surgery." Dr. J. S. Yates read a paper on the "Treatment of Rheumatism and Other Joint Conditions with the Use of Mechanical apparatus."

### SUSSEX COUNTY.

H. D. Van Gaasbèek, M. D., Reporter.

I have been ill and in the Roosevelt Hospital and so have forgotten to send you report. There is nothing that I can recall at present to report.

The year has been quiet and our annual meeting was only a business meeting this year as we met with the Tri-County Medical Society of Warren, Morris and Sussex. The spring meeting has not been held as yet. I am just leaving the hospital to-day and I received your letter this morning, so am sending you this before I leave here. I am very sorry that I cannot give report fully.

### SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter.

The Society for the County of Somerset has to report no great amount of interest to the State Society. In fact as each meeting has been already reported in the Journal the reporter feels that to add an annual report is but a useless repetition, and, if published, together with the reports of the other societies, a useless expenditure of funds for printer's ink. However, this matter has been decided by others, it remains only for him to obey. The fiscal year of the society has been well spent in routine work, and while nothing startling has occurred, yet the professional matters under its jurisdiction have been well taken care of, and the society can report its meetings interesting and instructive. On invita-



tion of its president, Dr. Weeks, the June meeting was held at Skillman at the Epileptic Village with good attendance. Numbers of the professional men from other county societies were present, together with their ladies and the meeting was extremely an enjoyable one. Dr. Weeks had prepared an interesting program of papers on various epileptic conditions, which were well presented, some of which have been published in the Journal. As an entertainer, Dr. Weeks has few equals, both in providing for the body and the mind. A trip through the village is an education in the subject of epilepsy, and its conduct is a credit to the State and the professional men in charge.

Folowing the usual custom of the society the August meeting was omitted. The annual meeting in October was well attended, and after the transaction of the routine business the society adjourned to the auditorium of the High School where Dr. Frank S. Mathews gave an extremely interesting talk on "Renal Lesions," illustrated by lantern projections. The meeting of December and February were largely "experience" meetings, and numbers of interesting cases were discussed by the members present. In April, an unusually valuable paper on "Laryngeal Tuberculosis" was presented by Dr. Runnels, of Bonnie Burn Sanitorium at Scotch Plains. This meeting was not only the last stated session for the year, but for the century as well, for on the 21st of May Somerset completed its first century as an organized medical society, which was celebrated with very interesting exercises as will be fully reported in the Journal.

Somerset is proud of the fact that it is the oldest of the district societies to be organized, and looks upon its hundred years of continuous existence with pardonable pride. Fortunately its old records, with but a very few omissions, are intact, and while the records are mostly routine work, still enough is contained to show much of the society's activities in the days gone by. Many of the old society's papers are on file, and make interesting reading in the light of our modern knowledge of disease, while the old constitution has subscribed to it the names of many men noted in the profession and active as well in the State Society. But to resume, the year as a whole has been quietly active, and while no great increase can be recorded in membership, yet the interest continues and its work goes on. The society is not and in the nature of things probably as a county society never will be a large society numerically, but its members are harmonious and the spirit of good medical fellowship is always present.

#### WARREN COUNTY.

Charles B. Smith, M. D., Reporter.

As the reporter was not present at the last meeting of our county society, which was held in Ortygia Hall, Phillipsburg, February 22, 1916, I send you the minutes as recorded by the secretary, Dr. Burd.

Meeting was called to order by the president, Dr. F. P. McKinstry. Members present: Drs. F. P. McKinstry, La Riew, Shimer, Albright, Albertson, Boyer, Bossard, Curtis, Cummins, Reese, Drake, Kline and Burd; also Dr. Thos. N. Gray, secretary of our State So-

ciety. Dr. Kate De Witt Miesse, of Easton, Pa., being present, on motion was invited to sit as a corresponding member.

On motion, the members were urged to ask the Warren County members of the Legislature to support Assemblyman Herrick's Township Road bill.

Application of Dr. J. M. Torrence, Jr., of Phillipsburg, was received. The censors examined his credentials and reported them as correct, whereupon the society unanimously elected him a member and he signed the constitution.

Prof. F. E. Stewart, of Philadelphia, who was to address the society, was taken suddenly ill the night before and sent his paper, which was read by Dr. Thos. N. Gray. This paper was highly scientific, but very valuable and instructive on "Bacterin and Serum Therapy," illustrated by lantern slides. The society while deeply regretting the absence of Prof. Stewart, appreciated the reading by Dr. Gray.

### Books Received.

*All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.*

**Infections of the Hand** by Allen B. Kanavel. Published by Lea & Febiger, Philadelphia.

**Treatment of Diabetes Mellitus** by Elliot Joslin. Published by Lea & Febiger, Philadelphia.

**Manual of Otology** by Chas. E. Perkins. Published by Lea & Febiger, Philadelphia.

**Clinics of John B. Murphy**, June, 1916, Vol. 5, No. 3. Published by W. B. Saunders Co., Philadelphia.

#### How to Sharpen a Scalpel.

Dr. V. Berry, in the Jour. of Surgery, Gynecology and Obstetrics, refer to one of the numerous pastes used for sharpening razors and states that investigation showed the essential ingredients to be a substance similar to, if not identical with No. 1 F. carborundum powder. The author obtained a supply and made a paste as follows.

A quantity of clean beef fat was rendered to common tallow, strained through fine cloth or canton flannel, and while in the melted state, carborundum powder No. 1 F. was stirred into the melted tallow to make a stiff paste. The mixture was then allowed to cool.

"To use the paste simply spread freely on a smooth strop, lay the strop on a table, and draw the scalpel back and forth at right angles, not diagonally. This absolutely solves the problem of a keen-edged knife. In cold weather if the paste is too stiff, add a drop or two of olive oil to the paste on the strop. If you wish an extremely smooth and keen edge to finish the sharpening a paste can be used of N. 2 F. carborundum powder mixed in tallow. However, the No. 1 gives an edge as sharp as a razor, and a dull instrument can be sharpened in one-fourth the time that a stone will do it, and the result is by far more satisfactory."

## BULLETIN No. 9

# Reasons Why Physicians Should Patronize Advertisers in Their Own State Journal

The reason why physicians in other states should patronize the advertisers in their Journals, apply as well to you and your Journal. It's perfectly simple; if you will buy goods from the advertisers, you will have a better Journal. Read the "reasons why":—

**ARIZONA:**—Business firms in other states spend their money in the advertisements to bring the market to us. Ought we not appreciate this and buy goods from them?

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**FLORIDA:**—We urge our readers to look carefully over our advertising pages, and let it be known we are a live profession and have needs to be filled.

**GEORGIA:**—Every member of the State Association has an interest in the advertising columns. If one firm advertises and another does not, patronize the one that does. It is money in your pocket.

**INDIANA:**—It costs you only a 2-cent stamp to write any one of our advertisers, all of whom are anxious to get in touch with you by sending you either samples or catalogs.

**IOWA:**—Quite a good deal of our advertising is on trial, and unless our readers demonstrate their interest in it, we will lose it.

**KANSAS:**—Every advertiser in this Journal is paying you for the privilege of telling you about the things he has to sell.

**KENTUCKY:**—You may depend on our advertisements as a safe and sound business directory.

**MAINE:**—Look through the advertising pages each month. Place orders with these concerns. Specify their products on your prescriptions.

**MARYLAND:**—Our readers may depend on the integrity of our advertisers. Reciprocity is not only desirable, it is a good business principle.

**MICHIGAN:**—Answer the advertisements. This is important. If you are busy, have your wife do it.

**MISSOURI:**—Anything in the line of physicians' supplies or equipment, can be obtained from firms advertising in the Journal.

**NEBRASKA:**—The Journal desires to introduce you to the merchants whose goods are advertised and ask that you become their patrons.

**NEW JERSEY:**—If the goods advertised in this publication are equal in quality (and we hold they are superior in many respects) you should purchase them in preference to those not advertised with us.

**NEW MEXICO:**—Write: "I saw it in the New Mexico Medical Journal" whenever opportunity offers. Let us all pull together.

**NEW YORK:**—Any Medical Journal printing the fraudulent claims contained in the advertisements of the nostrums condemned by the Council on Pharmacy and Chemistry is an accessory to this act of thievery and the subscriber of such journals voluntarily assumes the position of an accomplice.

**NORTHWEST:**—Prove to our advertisers that advertising in Northwest Medicine is a paying investment. Don't forget to state that the business is sent their way because they advertise in your Journal.

**OHIO:**—Every dollar spent with our advertisers, is a dollar contributed directly to the betterment of your Journal.

**OKLAHOMA:**—Many of us no doubt are spending in the aggregate large sums of money with houses and companies who never spend anything with us. It is not good business policy to follow such a short-sighted plan.

**PENNSYLVANIA:**—Most of our members throw circulars in the waste basket and refer to the advertising pages of the Journal for needed information.

**SOUTH CAROLINA:**—We could not run a Journal without the advertisers, and our constant effort has been to accept only the highest class of business.

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**TEXAS:**—Our advertisers are guaranteed to us, and we in turn guarantee them to our readers. Is that worth anything to the prospective buyer?

**VERMONT:**—If any advertiser is not absolutely honest in his practice, his business is not acceptable.

**WEST VIRGINIA:**—When writing advertisers, please be sure to mention the fact that you are writing because you have felt that they deserve support since they are carrying space in our advertising pages.

**WISCONSIN:**—Goods and institutions advertised in this publication are absolutely reliable, and every dollar spent with your advertisers is a dollar contributed directly toward the maintenance of your Journal.

We urge every physician who reads this, to adopt these excellent recommendations in his own practice. Do it for the advancement of ethical medicine; for the immediate benefit it will be to you personally in securing reputable goods, and just prices; to encourage reputable firms to patronize your Journal and for the satisfaction and pride you will have, as a joint owner, in the success of your Journal.

YOUR EDITOR.



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## DIAGNOSIS AND MANAGEMENT OF PLACENTA PRAEVIA.\*

BY FRANK M. DONOHUE, M. D.  
New Brunswick, N. J.

In speaking to you on the subject of the diagnosis and management of placenta praevia, I do not hope to present to any member of this society anything new or startling. But if I can point out to you a few points which are now well settled in my own mind after a number of years dealing with the condition, and show you what is now, unquestionably, the best method of treatment, my paper will have fulfilled its mission.

The normal site for the attachment of the placenta is at the fundus. Placenta praevia is the condition in which the placenta is attached to the lower uterine zone. There are three varieties: First, the central implantation in which the placenta is attached to the lower zone of the uterus and completely covers or obstructs the cervical outlet; second, partial in which the placenta is inserted into the lower zone and over the surface so as to partly cover the os; third, marginal in which the placenta is inserted at the lower segment of the uterus, so near the cervix that it slightly encroaches on it. As to the frequency of placenta praevia I have found it rather difficult to estimate. Statistics on the subject are vague. Mullen has collected fourteen hundred and eleven cases in which seven hundred and forty-seven were central, and seven hundred and fifteen were marginal. The same author has collected reports of 876,432 cases of confinement in which the placenta presented in 813 cases, or one in about one thousand cases. Among 691 cases 134 were

primiparae; 114 in 2-para; 70 in 3-para; 78 in 4-para; 54 in 5-para; 42 in 6-para; 48 in 7-para; 24 in 11-para; and 6 in 12-para. So you see placenta praevia is most common in primiparae.

*Symptoms:* They almost never appear before the sixth or seventh month. Hemorrhage is the most prominent. Pain is not frequent and may be almost discarded. When the implantation is central hemorrhage begins early, say at the seventh month. Marginal hemorrhage may be delayed to term or even to the beginning of labor. The hemorrhage begins suddenly, without previous symptoms, often during the night when the patient is sleeping. The bleeding may be severe, or it may be slight, lasting ten or twelve hours, then ceasing for a week or ten days, only to reappear. These phenomena may be repeated two or three times until the beginning of labor, when a bleeding so severe in character as to place the life of the mother in jeopardy, may occur. Intermittence in hemorrhage is the one distinguishing characteristic of the bleeding.

*Diagnosis:* The diagnosis is not difficult. The cervix will usually admit one finger. On introducing the finger into the cervix, if the attachment is marginal it meets with a soft, spongy body, a little separated from the neck, and as one passes the finger over to the other side it comes in contact with the membrane and through the membrane the finger enters the cervix, feels a smooth, spongy body all around the cervix and no presenting part of the foetus can be felt. Now, you have made the diagnosis. What are you going to do? You are brought face to face with a condition which endangers the life of mother and child, and it rests with you and your management of the case as to whether the life of the mother or the life of the child or both may be sacrificed.

*Mortality:* The mortality rate is very high. The maternal mortality is about 30

\*Read before the Middlesex County Medical Society on retiring as President of that Society, October 18, 1916.

per cent. The foetal mortality is about 60 per cent., a most appalling mortality, when we consider that child-bearing is or ought to be a perfectly physiological process.

*Treatment:* In the management of placenta praevia you should exercise great coolness, a demeanor which is born of the knowledge of the condition and of its treatment. Take for instance a multiparous woman with a roomy vagina, a soft and easily dilatable cervix, and with a cervix placed low in the vagina, with a marginal implantation of the placenta. She has suffered a slight bleeding—her first one. She is at term. She may have slight pain, and with each pain a little more blood is lost. It becomes you as the physician to take notice—*decided notice*. Sterilize the vulvae and vagina, etherize the woman and with sterile hands, or preferably boiled rubber gloves, rupture the membranes. Then by the Harris method dilate the cervix. This manipulation is not usually attended with much bleeding. Bring down a foot as soon as the hand can be introduced into the uterus. Then rest. The hemorrhage will have been stopped by the pressure of the foot, and breach on the bleeding point. Make gentle traction on the foot so as to thoroughly dilate the maternal parts and deliver. The mother has not lost much blood. The child needs resuscitation. You may be able to restore the child. If so, well done. Congratulate yourself. You have managed a very dangerous condition, very well.

But take the other side, a primipara. With a firm cervix, with an os undilatable, highly placed in the vagina, a central implantation of the placenta. She has had a few pains, and with each pain a bleeding. If you attempt to treat her the same way that you had treated the other case, you will certainly have the death of the child, and in all probability the death of the mother. If you attempt to dilate this undilatable cervix you will have an amount of bleeding which will appall you. The older treatment of central implantation tells us we must go directly through the placenta, rupture the membranes, and bring down a foot. But before we can go directly through the placenta we have to dilate the cervix, and the dilation of the cervix tears the placental tissue and causes terrible loss of blood. When we have completed the operation and delivered the child, we find that the child had ceased to live many minutes before. The circulation had been cut off from the mother by the tearing through of the placenta, and the production of the dilation. We ask the

anaesthetizer what the condition of the mother is. His reply is, "Very weak." An hour or so afterwards the mother passes away. Have you done your full duty towards that mother and child? Yes and no. From your teaching the knowledge of these cases up to three or four years ago you have done all that could be done in such a terrible condition. But within the past three or four years we read in our journals and discussions at meetings of a new method of treatment of these cases. Not that every case of placenta praevia requires this treatment. The first case that I mention in this paper certainly does not. But the second case and all cases like it can be better dealt with by the new method than in any other way. I refer to Caesarian section. This is a life-saving operation for both mother and child. The operation should be done early, before the mother has been exsanguinated and before the child has died in utero. It should not be looked upon as a last resort. It should be a first resort and if performed early the lives of mothers and children can be saved, when without it they surely will perish. Now I do not assume that all of you within my hearing have prepared yourselves to do this operation. But you are very near good capable men and good hospitals, and it behooves you who do not operate to place yourselves in touch with men who do, so that when the time comes that you meet with this condition you will be prepared to meet it in an intelligent way and in the way which will result favorably to mother and child.

I wish to relate the history of two cases of placenta praevia which occurred in my work during the past year.

Case 1. Mrs. T., aged 24, pregnant for the first time. I was called to the hospital about 9 A. M. to see the patient in consultation with her physician. She was at term. During the night she had a discharge of blood. No pain. Her physician had recognized the abnormal implantation of the placenta and had sent her to the hospital. Upon examination I found a rather small vagina, a hard cervix, an undilatable os, and the cervix placed rather high up in the vagina. The implantation was central. I advised immediate section. I felt certain that if I attempted to dilate that cervix, go through the placenta and bring down a foot I would have a calamity. Immediate section was done, as soon as preparation could be made. The child lived and the mother made a prompt and satisfactory recovery and has no morbidity.



Case 2. Mrs. G., aged 34, 2-para, pregnant at term. I was asked by her physician to see the patient immediately. She lived five miles from my home. I found that during the night she had had some bleeding. Pain about every half hour, and with each pain some bleeding. Her vagina was roomy, but the cervix was hard, undilatable, and placed rather high in the vagina. The implantation was central. I stated to the doctor that if an attempt was made to deliver that child naturally I was sure we would have a calamity. I advised removal to the hospital, where an immediate section was done, saving both mother and child.

Now gentlemen, one swallow does not make a summer, and a few successful cases ought not to completely change the management of this condition. But if you will look into the subject in a serious way, go back in you memory when you delivered dead children and saw mothers die as the result of this condition, then go to the other side and see what is being done in the way of saving both mother and child; I think you will agree with me that the newer treatment offers to the mother and child the best that our profession has to suggest.

A STUDY IN REFRACTION.

By SIDNEY E. PENDEXTER, M. D.  
East Orange.

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Perhaps the best way to portray the value of refraction of the human eye is by an analysis of a series of cases; as to the nature of the refractive errors, the measure of these errors, and the results obtained by their correction. With this object in view, the writer wishes to submit for analysis a series of one hundred eyes of fifty patients who were refracted consecutively. These patients, residents of New York and New Jersey, represent all grades of society, all degrees of intelligence, various ages and vocations, and were examined irrespective of color, creed, or nationality. Hence the following analysis should apply fairly well to the general run of cases which are seen by ophthalmologists in this country.

Recently the writer personally made these 100 examinations on the following plan. First the patient's best vision with each eye was ascertained, with or without the correction formerly worn. Then for pa-

tients under forty years of age a cycloplegic was used; and for patients forty years old or older a mydriatic only was used. While the eyes were under the influence of these drops the degrees of errors as found by the retinoscopic and subjective examinations were ascertained and recorded. For all eyes in which a cycloplegic was used, a subsequent subjective examination was made before the prescription was given. The prescription given was recorded. This in each case was the nearest approach to the error found, which the patient could accept without confusion or blurring the vision excessively. (This method necessarily requires an increase in the correction of certain cases from time to time to perfect the vision, but it obviates an over correction).

The predominating refractive errors are shown in the following table:

Astigmatism .....	47 eyes.
Hyperopia .....	16 eyes.
Myopia .....	8 eyes.
Hyperopia and Astigmatism (each of sufficient degree to cause symptoms) .....	19 eyes.
Myopia and Astigmatism (each sufficient to cause symptoms) ..	7 eyes.
Aphakia .....	1 eye.
Presbyopia .....	2 eyes.
Total number in this series....	100 eyes.

It is interesting to note the preponderance of eyes in which the astigmatism was an active factor in causing the symptoms. In 66 eyes either simple or compound astigmatism prevailed. It is also interesting to note that in 42 eyes the symptoms were those of eye-strain alone, the vision being normal, i. e., 20/20 or more. In the remaining 58% the vision was impaired. Astigmatism was found in all except 5 eyes of four patients. No emmetropic eye was found, the nearest approach to emmetropia being a patient with presbyopia; who having only 25 diopter of hypermetropia was able to overcome this with a vision of 20/15 in each eye, without symptoms of eye-strain for distant vision.

In order to analyze the errors found, the corrections given and their relations to each other the following averages were ascertained. In each case the variation between the error as found by the retinoscopic examination, and that found by the subjective examination, with the eye under the influence of a cycloplegic or a mydriatic was found. Then the average variation was found and recorded. Likewise the average reduction made in the prescription given from the subjective examination with the

eyes under the influence of drops was ascertained, and the average variations of the prescriptions from the retinoscopic findings were recorded. These averages are as follows:

1. Average variation of the retinoscopic findings from the errors as ascertained by the subjective examination with drops.

Spherical, .15 diopter. Cylindrical, .10 diopter.

2. Average reduction in the correction accepted, from that of the subjective examinations under drops.

Spherical, .40 diopter. Cylindrical, .25 diopter.

3. Average reduction of the correction accepted from the errors as ascertained by the retinoscopic examinations.

Spherical, .50 diopter. Cylindrical, .25 diopter.

Note that the astigmatic errors as ascertained by the retinoscopic examinations and by the subjective tests under drops agree to within .10 of one diopter. This together with the .15 diopter variation in the results as ascertained in these two measurements of the spherical errors probably could be accounted for in most cases by an incomplete cycloplegic effect from the drops, also the perception and cerebration of the patient must be considered an uncertain factor for which allowance must be made. Although the examinations show a high refractive error in many eyes the total reductions in the prescriptions accepted average only .50 diopter for the spherical, and .25 diopter for the cylindrical correction.

From the above it would seem that, although perhaps either the subjective or the retinoscopic examination under drops are sufficiently accurate for practical purposes, the combined examinations, followed by a subsequent test for the patients who require a cycloplegic give results sufficiently accurate to appeal to the most critical, even with the exclusion of other methods of examination.

As to the results obtained, probably the

relief of the symptoms of eye-strain is the most important. This relief these patients receive and for this alone they are most grateful. However, as the improvement in vision is the only accurate means of measuring the benefit derived, the following figures are subscribed for analysis:

With the test with Snellin's test type the visions were found to be as table at bottom of this page.

As in this series 42% of the eyes could see 20/20 or more, the glasses were prescribed for the asthenopia only, or as with two patients for anisometropia. One eye was aphakic, insipient cataracts were present in two eyes, and floating bodies were present in the vitreous of one eye, while seven eyes were manifestly amblyopic. Nevertheless the vision in nearly all of these eyes was improved, and the above record shows that the number of eyes with impaired vision was reduced 30%, while there was a corresponding increase in the number of eyes with normal or perfect vision of 30%. The improvement in vision varied from an ability to see the letters on the test chart more distinctly to thirteen hundred per cent. (i. e., from 1/10 to 13/10).

Before being refracted the average visions, with or without the previous corrections, was 19.8/48.2, or practically 20/50, which reduced is 4/10 vision, while the average vision with the new correction is 20/24.3, or over 8/10 vision. It is evident that there was an immediate improvement in vision of 4/10 or one hundred per cent. This improvement should increase in time as the corrections are worn.

This small group of cases is presented for what it is worth. The writer is fully aware that for another series a somewhat different report might be given, but this series seems sufficiently varied to represent fairly well the nature of the general run of refractive cases, and the immediate results which should be attained by their corrections.

8 So. Arlington ave.

	Previous to correction	After correction	Change
Impaired vision, i. e., 20/30 or less	58 eyes	28 eyes	30 eyes less
Normal vision, i. e., 20/20	25 "	35 "	10 " more
Perfect vision, i. e., 20/15 or more	17 "	37 "	20 " "
Total	100 "	100 "	



# SOME METHODS OF THE COMMERCIAL PHYSICIAN AND THE PROTECTION OF OTHER PHYSICIANS AND THE PUBLIC AGAINST HIM.

BY RALPH S. CONE, M. D.,  
Westwood, N. J.

There is a paucity of reference literature upon this highly edifying subject. To the average family possessed of a black sheep the topic of the offending member's doings is a distasteful one, and the dry bones of a family skeleton are generally kept in a closet, the darker the better, where there is the least likelihood of their being found and rattled. The same feelings may be presumed to be possessed by the members of a profession, who take the attitude that it is better to let sleeping dogs lie than it is to rouse them with kicks.

The writer was present some months ago at a dinner of the Bergen County Medical Society, held at the Union League Club in Hackensack, upon which occasion the late Frank D. Gray delivered a speech upon the subject of unprofessional conduct, in which he divided all physicians into three classes, designating them as true physicians, commercially-minded physicians and self-seeking physicians. Taken altogether Dr. Gray's speech was very much to the point, and the writer deems it a pity that it could not have been published. This incident is referred to because it made a strong impression upon the writer at the time, as he is sure it did upon all who were present, and because the headings under which Dr. Gray grouped physicians are so faithfully descriptive. A great many of his clear cut distinctions between these types have escaped the writer's memory, but emphasized the fact that the true physician is vastly in the majority everywhere.

Between the type of true physician and other types, a great gulf is fixed, deep and wide, as impassable to these two latter types as the river before the gates of the Celestial City, which stream Christian, like other worthy pilgrims was compelled to cross. To the writer's mind the distinction between the two latter types of physicians is far less marked than that between them collectively, and the type of true physician, but the present purpose is not to discuss these types and their differences, but rather to refer to some of the methods practiced in common by the physicians of

the two latter types, which would tend to wipe out any distinction between them.

If it is possible to improve upon Dr. Gray's classification, the writer thinks it lies in the direction of simplification, and he would have but two types, first, true physicians, and second, *all others*. Accordingly, the true physician being dismissed from school and sent home on time, like a good boy, let us detain his delinquent brother, the commercially-minded self-seeking physician, whose failings in this age of softness and loose discipline are usually kept under cover, and enumerate some of his newer characteristics and methods as well as review some of his older ones.

First and foremost, the physician of this type is what he is from choice—a doctor for revenue only. He is a graduate of our best colleges and hospitals and has worked his way into our medical and fraternal bodies; he is, as he must needs be, suave, polished, oratorical, able to create an impression upon his public, of infallibility, and he generally nourishes a subclavicular voice and affects glasses for the air of deep erudition they impart to his general bearing. He likes the sound of his voice and causes it to be heard much in public places. He lectures upon quasi-medical subjects to lay gatherings, and takes instant advantage of every opportunity for getting his name in print. Keep his name before his public he must, in any event. "I don't care a damn what people say," quoth Barnum, "so long as they say Barnum." He seeks every opportunity of forcing himself into prominence, adopting such methods as donating books to libraries with his name stamped therein with a rubber stamp, this being one form of his charity, which consists entirely in throwing out sprats to catch whales, the whales being in view before the sprats are parted with.

He interrogates other doctors' patients upon the street with reference to their present or recent illness or injuries, and inquires into the treatment that has been or is being given. He makes such remarks thereon as he may deem safe or prudent under the circumstances, usually taking advantage of the occasion to make some disquieting comment concerning the attending doctor's skill or management of the case, if he deems it likely to breed doubt or dissatisfaction in the mind of the patient. Besides, he considers it an advertisement to be seen by others engaged in conversation with nearly everyone known

to have departed in any way from the normal. He considers that if nothing else results, at least his popularity and importance are added to. He is a good "mixer" and takes care to miss no social event, dance, card party, entertainment or what not, where he can meet the ladies, for much of his success depends upon his being able to impress the fair members of the community with his dazzling qualities.

He knows more about anything medical or surgical than anyone else in the profession no matter how great the name may be that he takes in vain. His successes are due to his skill; his failures are somebody's else fault who sadly bungled things before he took the case in hand. He is on terms of brotherly love with everybody for he usually selects a rural community where this is possible. In conversation he addresses most of his male and many of his female patients by their first names, with the kindly intention of letting them know that he is letting himself down to their level, and for their benefit may be considered almost as one of the family. If in the neighborhood of a drug store, he becomes a voluminous prescription writer, thereby seeking to convert the druggist into an agent for referring patients to him, and he is never known to refuse a percentage return on the income of the druggist, derived from his prescription business.

He considers it good business to solicit commissions from undertakers for cases referred to them after he has himself finished with them, and to shop this business out to the highest bidder he can find in cases where the selection of an undertaker is left to him. If he lives in a community which is served by a volunteer fire department, he is apt to become a fireman; his presence at fires, where accidents are liable to happen, will then be taken as a matter of course and excite no surprise. He is a monumental bluffer and blower. These are slang terms which lexicographers hesitate to admit to their dignified and conservative works, but they are such soul-satisfying epithets, and so full of meaning, that it is only a question of time before these gentlemen must capitulate and let them come in. How many legitimate words and expressions of to-day were the most commonplace slang a century or two ago!

But to resume. Bluff and blow are the systole and diastole of the heart chambers of his hypertrophied breast pocket and his financial blood pressure may be gauged by

the intensity of the murmurs produced. He is always so busy that he has hardly enough time to eat his meals, and gets only half enough sleep, but strange to say he seldom misses an opportunity of following other doctors about to see where they may be making calls.

Two instruments are peculiarly essential to the success of this type of physician. One is the X-ray and the other is the microscope. He installs an X-ray machine primarily with the idea of its possibilities as a business getter, and secondarily for its real assistance in his work. All the patients that he can persuade to submit to it are X-rayed irrespective of the necessity for any such examination. If they could only see through him as easily as he can make them believe he sees through them, he would be introduced to his proper station in the community with a jolt—namely, the police station. But things do not happen so. He is next to the Almighty in the eyes of his simple victims who sit patiently waiting to be looked into at his leisure, and the longer he keeps them waiting the greater they think he is. As long as he can keep them of this mind why need he be in the least solicitous regarding the opinions of his professional colleagues? His income is derived from his public, not from other physicians, and as a business man using medicine simply as a means of money-getting, fees are the sole consideration.

He can diagnose nephritis, endocarditis, arteriosclerosis, dyspepsia and neurasthenia by one look through the fluoroscope, and this is more than any other doctor or multiplicity of doctors to whom the patient has ever been, could do in years of observation and examination; consequently they are willing to pay him more for this miserable hoax perpetrated on themselves in five minutes than they would be to pay for a real examination taking hours of conscientious work. If he used the machine for legitimate diagnosis and treatment alone, all would be well, but that is too much to ask or expect of him. He has a microscope placed prominently in his office, and into this he is commonly found looking through the aforesaid eyeglasses by patients when they enter, and he is often so absorbed in what he is studying that he is unconscious or oblivious of their presence. He keeps them waiting for a few moments amid an impressive silence, thus giving them an opportunity to note what a thoroughly scientific man he is.



Whatever he may be looking at under the microscope, he agrees with Alexander Pope, that the proper study of mankind is man; that is, he deems it more profitable to study and work upon the psychological side of his patients than in the, to him, more sterile field of true diagnosis and treatment. He knows when to misrepresent and when to tell the truth, and does whichever is best for him from his dollars and cents point of view in any given case. He is a firm believer in the principle that it is not what you do or say, but what you can make people believe you do or say that makes or mars you. Therefore he studies to be an adept in the gentle art of making his public believe in him as he believes in himself. Actuated by this motive, he is careful to have everything about him new and bright—his dress immaculate to the point of foppery, his instruments scintillating and so on ad infinitum. Strip him of his cultivated characteristics and remove him from his gilded frame, place him in broad daylight and what a chromo!

Called to the patient of another physician in an emergency, he makes underhanded attempts to influence the patient to transfer the case to him by hints and innuendoes given to the patient or the family, tending to reflect upon the skill or knowledge of the physician in charge. Failing in this, he retires, and bides his time. If on the contrary, he succeeds in gaining control of the case, or if under other circumstances he has gained access to a patient or a family, he makes it a common practice in his preliminary examination, to contradict, if he thinks he may safely do so, the diagnosis previously made by another physician, or, if he agrees with the diagnosis, which is not probable, to unfavorably criticize the treatment or advice given. He will make another diagnosis without the slightest foundation for so doing except that it will tend to destroy the patient's confidence in the physician he had before.

He will exaggerate the seriousness of a trivial disorder, knowing it to be such, leading the patient to believe he is dangerously ill, solely with the idea of frightening him into placing the case in his hands. In fact he attempts to make the patient believe he has escaped an imminent calamity by sending for him just in time. The patient has no suspicion that he is being deliberately deceived, and if he rapidly improves, as the chances are he will, he credits the physician with great insight and

with having performed a remarkable cure in his case. He is naturally highly pleased, recommends this physician, pays him promptly, abuses his former physician as unskillful or lacking in knowledge of his case and pays him slowly and grudgingly, if at all.

It is also a common practice with the commercially-minded self-seeking physician when called in to take charge of a patient who is perhaps suffering with some painful and incurable disease, for whom all that is possible has been done, but whom as such patients sometimes will, has become discouraged and discharged his physician, to give a significant grunt when the circumstances are explained to him and then proceed to falsely state that valuable time has been lost by the delay in engaging his services. He will, in well chosen and convincing words, or by inference perhaps, convey the idea that the case has been improperly handled, resulting in the present serious state of affairs.

If he regards the case as one where a fatal termination is probable within a short time, he is very likely to advise the patient's immediate removal to a hospital, with full knowledge that nothing can be done for him there, beside placing his life in jeopardy by the journey. This he will not hesitate to do even where the best of care can be given at home, his sole object being to create the impression that he is doing something that his predecessor in the case should have done, but neglected to do, and also with the object of not having the case terminate fatally while at home and under his immediate charge. He will then cast the blame for the fatal outcome of the case upon the physician previously in charge.

It is in cases of this nature that he assumes a sympathetic attitude and the patient and family are made to feel that a fatal mistake was made in not having consulted this physician in the beginning instead of the one that was consulted. The physician is told all that has previously been done to diagnose the ailment, but he disapprovingly shakes his head or shrugs his shoulders, actions that speak louder than words, especially to the sick or dying or to the anxious relatives, who grasp at straws, and in the end he leaves the patient or family with the firm impression that everything but what was right was done by the former physician or physicians. He is not averse in carefully selected cases, to inciting patients to bring suits for malpractice against

other physicians, as this affords him an opportunity to display his medical acumen before a jury and spectators, and to elevate himself in the eyes of the public at some other doctor's expense.

He carefully fosters the impression among his public that the ill results he may be known to have had in any given case was not due to any mistake in diagnosis or error in treatment on his part, but due entirely to extrinsic factors, entirely beyond his control. The latter may be, and indeed is often perfectly true in any physician's practice, and the law specifically recognizes that all physicians, being human, are liable to make mistakes, and it requires only that any physician shall at all times use his best judgment and skill in making diagnoses and carrying out treatment. But the physician of the type under consideration claims infallibility, and must claim it or his hold upon the type of public to whom he appeals could not be obtained or maintained.

Every physician knows there are many abnormal conditions which may be either temporary or permanent, upon the gravity and significance of which medical authorities are divided. Where such an honest difference of opinion exists among the profession regarding any abnormality presented by a patient, it is the duty of every conscientious physician to so inform the patient or his friends before commencing treatment, making a prognosis, or committing himself to definite statements. This the type of physician under consideration seldom does, as he is by nature an alarmist, finding as often happens, the creation of alarm so profitable to himself financially.

Contract practice, lodge practice and undercharging are such patent evils that the public is coming more and more to discriminate against physicians who follow these methods; also they are openly opposed by the profession, and it is undoubtedly true that the united opinion of the profession ultimately determines the status of matters medical with the public. However firmly such practices may seem to be rooted in some localities, they are steadily losing rather than gaining adherents.

The man to whom they have most strongly appealed is the commercially-minded self-seeking physician, but he has largely discarded them for methods less open to observation, if not to criticism, since the signs of the times have shown him plainly that they are no longer the paying proposition that they may at one time have been. Chameleon-like he changes his colors with

the ground he treads, and as soon as anything shows evidence of becoming *de trop* he is swift to drop it.

He keeps well abreast of the times in his practice, is well informed regarding the latest advances in medical science and if he but rightly used his knowledge all would be well, but that is the one thing he cannot do and left to himself, never will until the leopard changes his spots and the lion lies down with the lamb. Knowledge to him is as eyes to the spider, as he sits in the center of his web, simply a means by which to see his prey and fascinate it.

The question now arises how is the public at large to be made acquainted with the true character of this wolf in sheep's clothing. P. T. Barnum once said that the American people loved to be humbugged. They are humbugged right and left, but do they love it when they know it? Some seem to, and even appear anxious to be swindled judging by the way they pay extra for it. The public has for years been warned and shown that the patent medicine is a medical gold brick, a most vicious fraud, but it cheerfully spends millions of dollars annually to support it. The patent medicine is well advertised and so is the commercially-minded self-seeking physician, one by the printed word the other by both the printed and spoken word plus personality.

Self-advertisement plays a most important part in the career of this physician. What is justifiable in business is often radically wrong in a profession. Many things that are permissible in legitimate business competition are utterly indefensible in a profession where the issues at stake are life and health. The only legitimate means of advertisement recognized by the reputable physician is that which he obtains through the recommendations of satisfied patients. The public should know that there is something radically wrong with any medical man who departs from this standard. The fact that he requires more than the advertisement that arises from his merits as a physician is a strong indication that he must consider himself deficient in true merit; otherwise he would be perfectly willing to rest his case on that alone which it is plain must in reality be the best of all advertisements.

But the commercially-minded self-seeking physician is oblivious to all this. He is out to make hay while the sun shines, short as the day may be, to beat everyone by fair



means or foul, making free use of the foul means even where he could gain the same end by use of the fair. He is constrained from advertising in print like the grocer, the butcher and the candlestick maker, for that would lessen his prestige among intelligent people by his seeming to put himself in a class with trades-people. If, however, these honest trades-people who ask openly for patronage and the quality of whose goods is visible to all the world, had an inkling of the facts they would be the ones to object to appearing in print beside him.

If he could increase his income by inserting printed advertisements in the papers his copy would be in the hands of the editor before the next edition could appear. The censure and ridicule that he is well aware would arise from such an open procedure is all that restrains him. He knows that it would be a flagrant violation of good taste to adopt a method employed only by the crudest of quacks, and he is as far removed from them as any high financier is from a river pirate.

His prosperity will endure just so long as he can blind his public and no longer. The degree of his success in any community is a true index to its intelligence. He thrives on its ignorance and he will fade away as it acquires wisdom. Located in a community that believes in nickel-plated gas pipe therapy, electric belts and Lydia Pinkham's ghost he revels in the heavenly phase of his existence. When his public wakes up he will go to sleep forever, but that will never be while he has the power to sway the scepter of his influence over it. Left to itself his public will wake up when the millenium dawns. A millenium like everything else, will come when they who long for it enough go forth and earnestly seek it. Until then it will be as elusive as the proverbial pot of gold at the end of the rainbow. The gold is there but it must be honestly dug and sweated for or we will not get it to keep. We may know that the people are fools but how are they to know it unless somebody tells them?

The writer of this article considers it a fact which he thinks no one will dispute, that a sluggish, deep-seated abscess is better opened and drained than allowed to burrow and infect where it will. If the commercially-minded, self-seeking physician is not a disease affecting the otherwise healthy body of the medical profession it is difficult to classify the lamentable condition

existing. It must be regarded as radically wrong of the profession to cover this vile sore until it becomes a fatal affliction. It were better to freely dig it open, expose it to view and clean it out. That is the course that undoubtedly will be taken in the near future, and it is unquestionably the duty of all physicians who value their good name and reputation as physicians who have the ideals of the profession at heart and are as solicitous as they claim to be of the public welfare, to admit that the latter is the only course to pursue.

Obviously it is neither the duty nor within the power of any individual physician to undertake such a work alone. Medical societies are organized for such purposes and it devolves upon them to act in no uncertain manner when specific instances of unprofessional conduct and practices dangerous to the public at large are brought forth and substantiated by proof. As conditions are now, the medical societies seek rather to avoid than to meet the issue and their inactivity is virtually a connivance at great and grievous misdoing, which flourishes in the present atmosphere of protection; it is doubtless partly owing to this attitude that such cases have seldom been brought officially to their attention by members.

The law can do no more for public protection than to require of physicians that they shall be qualified to practice their profession. It does not distinguish between physicians, nor attempt to. Unprofessional conduct is not a crime in the eyes of the law; nevertheless it is a great evil and there are great evils, as we all know that the laws do not reach. Verdicts rendered by medical societies in such cases, should not be whispered behind doors and concealed by all concerned. The public is entitled to the truth regarding the characters of its medical servants and in the end it will have it. If the medical societies are closed courts the public is an open and impartial court, and it will justly sentence if the evidence is laid properly before it.

If these cases when brought to light are not made public, the public which we serve will be apt to misunderstand the effort made by individuals to enlighten it and to consider that any physician who shall undertake this is actuated by motives of professional jealousy toward a physician or physicians of equal standing, and regard the latter as a victim or victims of persecution. That is a stigma hard to remove, especially as the unscrupulous physician

may naturally be counted upon to do and say everything in his power to strengthen the public attitude in his favor. A lawyer may be disbarred; a clergyman unfrocked, a business man boycotted, a public man ostracised for wrongs that cannot be touched by any written law, but the physician who elects to be unscrupulous is like Achilles, vulnerable at only one point and that almost inaccessible. The only avenue by which the commercially-minded, self-seeking physician can be discovered to the public is through the members of his own profession, and they dislike exceedingly to undertake the work, a fact of which he himself is well aware.

Wearing the mask of respectability, although his colleagues know him for a gentleman cut-throat, he preys like a vulture on his helpless victims. Prompt in paying his dues in the societies of which he is a member, he is technically in good professional standing, and although he may be privately treated for what he is known to be by his colleagues, he is recognized and permitted by society, and free to work his will without let or hindrance upon the public. It is everybody's business to crush him, but everybody's business is nobody's business. If the public could cut into him as his colleagues can it would find the common wood under the mahogany veneer and his true character and value would immediately be established.

To perform this operation the public needs education and needs it badly. To the public, as in law, a physician is a physician; none but a physician can with full justice judge a physician, it requiring special knowledge to do so. Hence the physician must judge the physician for the public even at the imminent risk of being himself misjudged by the public he attempts to serve.

Abraham Lincoln's axiom, "You can fool some of the people all of the time and all of the people some of the time, but you can't fool all the people all the time," contains a grain of hope in that all the people can't be fooled all the time; a small minority cannot be fooled forever, and that small minority is capable by education, properly given, of being expanded into a large majority when the facts are placed squarely where they belong, by those whose duty it is to place them.

The public must be made aware that such a physician as the one described exists however humiliating it may be to a great and

noble profession to acknowledge it; that he moves about respected of men, even as the noblest in the land might be proud to be respected; that he prides himself that they cannot know him for what he is, while he settles with an octopus-like grip upon them as did the Little Old Man of the Sea on Sinbad; that he considers himself immune from attack, his position secure and impregnable, and greatest and most shameful fact of all, that he is screened and protected by the respectability of his reputable brothers, which protection constitutes the strongest piece of armor plate he has. The latter are awakening to the ignoble part they play in maintaining this attitude toward him. The time undoubtedly is near at hand when all this will be changed. The public will follow, basing its estimate upon the final judgment of the profession, and when this happy day shall arrive a purified profession of medicine will enjoy far greater prestige than it does now.

## THE ECONOMIC CARE OF MENTAL DEFECTIVES.\*

BY HON. CLIFTON C. SHINN.

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The Juvenile Courts throughout the country are furnishing abundant food for thought in that an alarming number of the delinquents are mental defectives. Until a comparatively recent time but little thought has been bestowed upon this class of offenders and even now the surface of this highly important subject has been but slightly scratched.

By this I mean that outside of the medical profession, the teachers of the special classes and those in charge of the woefully few institutions where such unfortunates are confined, very few are aware that there are such persons known as "morons." Of course, we all have seen them but, aside from a feeling of momentary sympathy no further attention is paid to them. When, however, we learn that there are about two hundred of such children in the special classes of the public schools of Atlantic City, and perhaps as many more running the streets, we are astounded.

I come in contact with them in the Juvenile Court, and I am asked to address you

\*Read at a public meeting held at the rooms of the Y. M. C. A., Atlantic City, in February, 1916.



on their criminal tendencies and the consequent burden upon the State.

Soon after assuming my present office a number of boys were before me in Juvenile Court on the charge of larceny. Upon being questioned they very frankly admitted their guilt and actually regarded themselves as heroes. They were so totally different from other defendants of like age who manifest shame, regret and embarrassment, that I began searching for the reason and finally got in touch with their school teachers from whom I learned they were members of special classes, the existence of which special classes, I am ashamed to confess, was at that time unknown to me. I visited a class in session, saw children of various ages and found that all possessed mentalities far below normal children of like age. This, of course, gave rise to the perplexing question what to do with delinquents of that type. Reformatories are not the places to commit them for the reason that there is in these children little, if any, will power and consequently no foundation upon which to start the work of reformation.

I have tried committing them to the care and custody of the probation officer with the result that about once a month they are in court for some new depredation, usually of such a minor character that they are again placed on probation. Investigation reveals the fact that they almost invariably get into trouble as the result of a suggestion or a "dare" coming from a normal child. When in court these subnormal children manifest no evidence of contrition. They are ever ready with promises but seem unable to keep them. The most flagrant offenders, some six or eight in number, I have been obliged to commit, for want of a more suitable institution, to the Reform School at Jamesburg.

Feeble mindedness is, of course, not confined to children. There is at this time in the county jail a man awaiting sentence, thirty years of age, convicted of assaulting a girl seven years old, and, it is worthy of note, this is his second conviction for this offence. His mental test is 7.3 and I am confronted with this situation: In years he is a man of thirty, while in mentality he is a child of seven. A man aged thirty years may not be committed to either of our reformatories nor a child of seven be committed to prison. He is denied the logical and suitable place of commitment at the Home for Feeble Minded at Vineland because that institution is filled to its capacity

and a very long list of patients is awaiting admission. Society must be protected against this man and it is necessary to keep him confined in the county jail pending his commitment to a proper institution.

I could cite a large number of these unfortunates but the cases I have cited will serve as illustrations of the criminal tendencies of this type of people.

All authorities upon mental defectives are agreed that they are usually sexual perverts and prolific breeders; that their offsprings are almost always mental defectives who develop into public dependants, criminals or drunkards, while the females far too frequently go farther and become prostitutes of the vilest sort.

The home conditions of nearly all these unfortunates who get before the courts are appalling. Many of them are very unsanitary; the children are neglected, insufficiently clad and poorly nourished. Frequently both of the parents are either indolent, drunkards or so immoral that it would seem their offspring acquire tendencies with their mother's milk. The children are left to their own resources and it cannot be wondered at that they get into difficulty. True, their offences are minor in character, but, in the aggregate the money value of the depredations committed by them amounts to a very considerable sum.

There is another contributing cause to the delinquency of these children which it has so far been impossible to check. I refer to the junk dealers who encourage the robbing of vacant houses of lead pipe and other kitchen and bath room fittings by purchasing their loot for a few pennies. The junk dealers have melting pots into which the loot is immediately cast and all means of identifying the goods is in a short time forever lost and the real culprit goes unpunished.

The public schools sustain a most serious burden by reason of these defectives. They are beyond the control of the teachers, and, until detected and assigned to the special classes, occasional disorder among the other scholars with the consequent loss of time and attention of the teacher in her effort to maintain discipline, which otherwise could and would be so much more profitably devoted to the normal pupils.

We are justly proud of our public school system and it is a crying shame that ample provision is not made for the custodial care of this type of defectives. They have a demoralizing influence upon the normal chil-

dren in that they are known to be irresponsible and because of that fact are comparatively unpunished, with the result that those of normal minds, but not of sufficient age to comprehend the reason for leniency, are encouraged to commit petty offences with the hope that they too will escape punishment. This is a menace, for it is but a short step to offences of a more serious character.

A passing thought devoted to these defectives cannot help but convince one of the almost innumerable ways in which they are a burden upon the State and that burden will be lessened only when the State awakens to the plain fact that institutions must be provided for their care. Those in charge of the special classes are performing a wonderful work but it must be remembered that the children are in the classes but a few hours a day for five days a week during the school terms, the balance of the time they are without care and supervision except such as they receive from their parents, and investigation shows that parental care, in the majority of instances, through lack of understanding, indifference, alcoholism and other causes, is very negligible.

The institution at Vineland has demonstrated the fact that mental defectives must be segregated. They are hopelessly handicapped in that they do not possess sufficient intellects to distinguish right from wrong and are the prey of their own passions and the will of the stronger minded. More institutions must be established for their permanent care, by which means only will their number be decreased and the crimes and immoralities committed by them be stamped out.

## STANDARDIZATION OF PHYSICAL DEFECTS; IS IT PRACTICABLE?

BY FRED M. CORWIN, M. D.,  
Bayonne, N. J.

There are over four hundred medical inspectors at work in the public schools of New Jersey, making examinations of children to see what defects they can find in order if possible to afford some relief to the afflicted ones.

Outside of some three or four of the larger cities where there is a corps of inspectors, possibly working somewhat in uni-

son, these men are for the most part working by themselves, finding defects and recording them, each man in his own way and each one undoubtedly doing his best, as he interprets his opportunities, to be of service to the children under his charge, and each one making out reports which are or should be an index as to the amount and character of the work done.

While the accumulation of statistics in regard to the prevalence of physical defects is not the primary object of the medical inspector's labor, and would not of itself justify the outlay which it calls for, nevertheless the statistics of the work are a by-product of no mean importance, in fact of very practical importance as a means of checking up the work done, and of drawing comparisons as to the condition of children of different grades and ages; different schools or sections of the cities; different cities; or different sections of the State.

If it be admitted that study and comparison of figures is of any practical value whatever—and I believe that it needs no argument to show that it is—it at once becomes evident that statistics, to be of value, should be based upon some common standards of comparison, and to see if it be possible to suggest a standard, or set of standards, which by consent and agreement among the members of our association, which ought to mean all the medical inspectors of the State, or possibly by the sanction of the State Board of Education, might be adopted as a basis of our work is my object in presenting this paper.

It is, perhaps, easy in most instances to define a physical defect, and yet in others, it is extremely difficult, and in some, perhaps, impossible. For instance, it is easy to say if there are carious teeth in a child's mouth, but it is not so easy to say that there is a curvature of the spine, or stooping shoulders, as every spine has some curve, and the shoulders of the Venus de Medici might be considered by some observers to be somewhat stooping.

If we accept the premise that the object of the medical inspector's endeavor, is not to see how many pupils he can find who might, by a rigid comparison with the typically normal and perfect individual, be said to present a defect of some sort, even if of no practical importance; but rather to discover defects which are sufficient in degree to impair, to an appreciable extent, the efficiency of the individual, and which are susceptible to remedial measures, I believe

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we will be adopting a principle which justifies our employment, and which should enable us to agree upon a standard of defects, in most instances, at least.

To my mind the defects which fall into the above category are: a, Defects of teeth or dentition; b, defects of vision; c, defects of tonsils; d, defects of adenoids and nasal breathing; e, defects of glandular enlargements; f, defects of palate; g, defects of nutrition and anæmia; h, defects of spinal curvature; i, defects of stooping shoulders and flat chest.

I do not want to imply that the above sequence in naming these defects represents their relative importance, although it does correspond very nearly with my idea of their relative frequency. Defects of the heart, nervous system and orthopedic defects of the grosser sorts are, in my experience, not sufficiently frequent to be of importance in a comparative sense, and are either not susceptible to remedial measures, as in most cardiac cases, or are already recognized and treated, as in the various paralyses, and other orthopedic defects.

*A. Teeth*, or more properly and comprehensively speaking, dentition, meaning by this the kind, number and arrangement of the teeth. As the results of my examination of the teeth of the pupils in the Bayonne schools for five years, I have reported 89, 85, 85, 59 and 83 per cent. as showing defects.

In a report of the examination of 286, 426 school children in the New York schools, by Dr. Josephine Baker, and quoted by Cornell in his book on medical inspection, the percentage having decayed teeth is given as 35.6 but surely there are defects other than decayed teeth, although they would not represent the difference between 35 and 85 per cent. The nearest approach which my figures make to Dr. Baker's 35 per cent. is in the fourth year, a year when I decided to ignore the defects of the first, or temporary, set of teeth, and even then my figure was 59. Believing this to be an erroneous practice, I included them again in the fifth year, but in that year I counted as free from defect, those pupils whose teeth had been properly and effectively filled, and who had not lost any of their permanent set, and in that year my figure was 83 per cent.

Am I to infer that the teeth of the Bayonne children are more than twice as defective as the teeth of the New Yorkers, or is such a discrepancy as this based upon

a different definition as to what constitutes a defect of the teeth. In the new children coming before me and who say that they formerly went to school in New York, Brooklyn, or elsewhere, I find carious teeth just as often as I do among our natives, and those who have lived with us many years.

Quite recently in conversation with one of the nurses of Newark, she said if she could get just one boy in one of the graduating classes of the coming month, to get his teeth filled, the class would graduate 100 per cent. perfect as to teeth. On my expressing surprise, and saying to her, "Do you mean to tell me that no pupil in that class has ever lost a permanent tooth?" She replied, "Oh no, I do not say that. Many of them have lost one or more, but there is only one pupil in the class who has carious teeth in his mouth now." Perhaps that is a partial explanation of the discrepancy between my percentages and Dr. Baker's, but it would not explain all, as not half the children have lost permanent teeth, especially those who have no existing caries.

I ignore the absence of a temporary tooth if gone entirely, but, if I find a six-year molar, or others of the permanent teeth missing I consider it a defect of the teeth, yet according to the standard of the nurse alluded to, the pupil might have lost several, perhaps half or more, of his teeth, without being rated as defective.

To my mind, as previously stated, the line should be drawn between slight defects of no practical importance, and those which are of consequence, and I am willing to admit that the loss of one six-year molar may not be a serious impairment of the child's ability to chew the food properly, hence to digest it properly and be well and adequately nourished, as far as the teeth are concerned, but by how many times may we multiply this one vacant space before we reach the limit where the line should be drawn.

Who shall say how many teeth a child may lose without impairment of the function of mastication and the proper development of the jaw bones? Is the child who has lost one, two, three or more, teeth, to be credited with as good a physical condition—other factors being equal—as the one who has the full complement of sound teeth in proper position, or even if several of them have been properly and conservatively filled? Again, is the child who has had one or more teeth properly filled to

be given the same rating, physically as the one who has never had any caries?

These questions admit of a definite answer by a recognized authority, or by a mutual agreement of our members, and they are easy.

*Vision and Eye Strain.* I think we will agree that any child whose vision is impaired to such an extent that prolonged use of the eyes causes symptoms of eye strain should be rated as defective, whether the impairment be due to injury, strabismus, refractive errors, or muscular weakness. The medical inspector, or the nurse, who is not an expert oculist may discover by the Snellen test types, most of the cases that have a defect of distance vision, amounting to a half or more, and who should be rated as defective. I have been told by oculists, however, that a child whose vision is not weaker than 20/30 in either one, or both eyes, does not need the assistance of glasses, consequently I have not been in the habit of enumerating them as defective.

Vision one-half, or less, and the various degrees of myopia, astigmatism, muscular weakness, etc., which produce eye strain, and hence need correction by glasses, or other means, should be enumerated, but unfortunately, for our purpose, at least, many of these children can by an effort of accommodation, which can be maintained for the short period of time needed for the inspector's test, read the Snellen types, and are not detected by the inspector's routine tests.

They require the attention of specialists, and a thorough and comprehensive refraction test. The teacher who is observant as all teachers should be, but frequently are not, will in time notice these cases and will direct attention to them, when arrangements should be made for a proper refractive test, either by private physician, or at a clinic.

How about the child whose vision has been practically corrected by glasses? Is it to be rated as free from defect?

*C. Tonsils.* How to approach and decide this question seems to me to offer more difficulty, in the way of setting up a standard, than the two previous conditions.

About all the record cards and reports, speak of hypertrophied tonsils, as if hypertrophy was the only feature, and if we look only for them the task is easy enough, but it must have occurred to all of you, as it frequently does to me, to find great, plump, rounded, smooth, protruding tonsils that

almost meet in the median line in the throats of children who are splendid physical specimens, the best in the class perhaps, whose enunciation is perfect; whose class records show that their work is better than the average and that they lose no time from school on account of illness, and who will tell you that they are never troubled with sore throats.

But, what about the diseased tonsils? If we attempt to recognize and call attention to all of these, our task is by no means so easy for I am frank to say that I know of *no* criterion by which the question can always be correctly decided on inspection. A history of frequently repeated attacks of inflammation would be of the greatest help, and might be obtained by the teachers, but is not always forthcoming in the routine school work, the pupils not being willing to acknowledge such attacks, either through a false pride or a dread of operation.

It is a common occurrence for me to find children who have had a tonsillectomy performed since my previous inspection of the same child where no comment, or record, had been made on the condition of the tonsils in even two, or more, previous examinations. These were undoubtedly cases where the occurrence of repeated attacks of tonsillitis prompted the family physician to suggest and urge the operation, and this, notwithstanding the fact that my percentage of tonsil defects ranged from 35 to 25 in the first four years of my work, and 20 in the last year, while the figures given in Dr. Baker's report, before alluded to, was 19 per cent.

My decreasing percentages I attribute in great part to the number of tonsillectomies that have been done, through my suggestion, but how are we to arrange a standard for the estimation of these defects? I admit that I am at a loss to suggest one.

*D. Adenoids, and Defects of Nasal Breathing.* I find these two conditions usually grouped together in reports that I have seen and believe the practice permissible and desirable, as it is not always practicable to differentiate between nasal incompetency due to adenoids, and that due to other causes—such as polypi, hypertrophied turbinates, deflected septa, and excessively high palatal arch, although I believe the adenoid growths to be responsible for the obstruction much more frequently than all the other causes combined. Very often the presence of enlarged tonsils indicates the probable presence of adenoids but not always so.



It is my custom to assign to the adenoid class, all cases of children with narrow, pinched, small and poorly developed noses; small nostrils; the so-called nasal tone of voice, with indistinct enunciation of words; frequently with audible expiration sounds, usually presenting some indications of a catarrhal condition of nose or head, and the general well-known appearance of mouth breathers, where none of the other causes of nasal obstruction above mentioned are readily discernible, yet I find my figures are quite at variance with many other reporters.

Dr. Baker's percentage is 15, while mine runs between 8 and 9, yet it seems to me very improbable that there should be so much less of adenoid trouble in Bayonne, when there is, apparently, so much more tonsil disease or hypertrophy. Perhaps it is my lack of perception, but I do find figures by other observers which correspond closely with mine.

I am at a loss to suggest a standard other than the evident and unmistakable insufficiency of the nasal passages to carry on the respiratory function properly and comfortably when the mouth is closed.

*E. Glands Enlarged, or Lymph Nodes.* When are we to assign this condition to a tubercular origin? The submaxillary glands, by some called the anterior cervical, are frequently swollen and indurated because of a septic infection, mild in character, but persistent in action, from caries of the teeth, also in children with sound teeth who have tonsil and adenoid disease, and a smaller number who have suppurative ear disease, and in a still smaller number who have eczema or some other irritating condition of skin or scalp.

It would seem to me as if enlarged glands, whether of the anterior or posterior cervical groups, which are not explained by the presence of carious teeth, or suppurative ear or skin conditions, might be attributed to a tubercular origin, yet the child with carious teeth, whose glands are already the seat of a septic irritation, may be susceptible, and probably is more susceptible, to a tubercular infection than the others, but is it fair, or desirable, to consider them all as tubercular? It might be remarked in this connection that all children with carious teeth do not have enlarged glands. In fact but a small portion of them do.

Modern teaching in regard to the occurrence of tuberculosis in the adult is that practically nearly every child in towns at least, is infected with tuberculosis in the

first two or three years of life, and that the infection is harbored by the individual in a latent form. In a very readable book by Clive Riviere on the "Early Diagnosis of Tubercle," in chapter on glandular tuberculosis in children, he says it has been demonstrated by the Vienna school of pathologists, that 90 per cent. of town children are infected with the tubercle bacillus by the time the age of 11 is reached. In nearly all these the thoracic glands are involved and the large majority of them never suffer any discomfort from it.

In the absence of symptoms therefore, there is no occasion for anxiety on account of the presence of this infection. When, however, symptoms suggestive of tuberculosis arise it is to the thoracic glands that we must turn, since it is from these in nearly all cases that the disease will spread.

I have not found any data going to show how frequently the children with enlarged cervical glands become the victims of serious tuberculosis later on in life, but I do not doubt that there is an important connection between the two and for that reason I think that the presence of glandular enlargements, other than the very slightest, and these undoubtedly due to the presence of carious teeth, should justify us in calling attention to this condition, especially in cases persisting after the age of twelve or thirteen, when the influence of caries in the temporary set of teeth shall have passed off.

Just in this connection I would like to allude to a phenomenon I have noticed often enough to excite my interest. Perhaps twenty times or more in a season's work I have found children of differing ages who show a marked degree of lividity or cyanosis of the hands and arms, sometimes extending to the neck and face. Hands are usually, but not always, cold. The children seem fairly vigorous, well nourished and active and a careful examination of the heart fails to reveal any condition there to account for it. I am inclined to attribute this condition to the interference with the returning circulation in the superior vena cava caused by enlarged tubercular glands pressing on same at hilus of the lung in the mediastinum.

*F. Palate, Defects of.* All the physical record cards have a line for this heading, yet the term seems to me very vague and requiring definition. Concerning the very high, narrow, "church-roof" vaulted, roof of the mouth, with narrow jaw, peaked face, and indications of nasal insufficiency, there can be no question, but, between

these cases and the broad, almost semi-circular dental arch, with a very slightly arching roof to the mouth, of the strong, vigorous individual, where is the line to be drawn?

Dr. Baker reports five hundreds of one per cent. I have reported thirty hundreds, or six times as large a percentage. Inasmuch as she claimed about twice as large a percentage of adenoids as I did, it is evident that the same standards of comparison were not in use.

*G. Malnutrition and Anaemia.* I find that most physical record cards, of the various school systems allot separate lines for each of these headings. Because nearly all followers copied the card of the pioneer I suppose, yet some group the two together, which seems to me a permissible and better plan, for surely one will not be long in existence without the other supervening, if they do not always go hand in hand.

Next to the tonsils I believe this to be the most difficult condition in which to suggest a standard, and, as it must always depend upon the judgment of the inspector, the personal equation will always be a factor of considerable variation in the estimates.

Anæmia is always more or less a matter of conjecture in the absence of an actual blood count or a hæmoglobin estimate. Some children in robust health have a naturally colorless complexion, while others may appear colorless at the time of the examination from emotional causes, nervous apprehension, or fright.

Cornell says: "The poorly nourished child is usually below weight, thin, pale and of pinched facial expression. Briefly the state of the nutrition is judge by:

- 1, The relation of age, height and weight;
- 2, the quality of the blood;
- 3, the quality of the muscular and connective tissue."

Commenting on these conditions I would say that the relation of weight to height, or of height to weight, in other words, size to age is not a criterion unless we have knowledge of the child's parents and family characteristics, and also take into consideration the nationality, as the Hebrews and Italians, for instance, will average much smaller than the Germans and Scandinavians.

The quality of the blood is a matter of conjecture, as is also the quality of the muscular and connective tissue, although we can, by palpation, form a much better estimate of the condition of the latter. The general appearance, make up, and bearing

of the child, must, after all remain the criterion which is to be our guide in forming an opinion, and I doubt if we can offer a very rigid standard for this defect.

*H. Spinal Curvatures.* I doubt if it is practical to suggest standard for this condition, nor do I think it worth while to try. Not that I belittle the importance of spinal curvatures when present in a pathological degree, but those cases are, fortunately, not very numerous.

That there are numerous cases of very slight lateral curvatures will not be disputed, for our tailors tell us that none of us are exactly symmetrical, and that we all need a little padding on one shoulder or the other, yet most of us here have gotten along fairly well, physically considered. Many of us have passed examinations for life insurance, and some have even been admitted into the National Guard.

Without removing a child's clothing, which our State law prohibits, and I hope always will, these very slight degrees of curvature are not readily discernible. Antero-posterior curvatures, of importance, will in practically every case have been noticed and taken to the orthopedist for treatment.

*I. Stoop Shoulders and Flat Chest.* Cornell says: "This is the most frequent and important of orthopedic defects. The prevalence of stoop shoulders and flat chest is amazing, probably ten per cent. of children showing it in evident degree."

He gives an elaborate list of causes, also of the remote consequences, says that the evidence of it and diagnosis are plain and easy, yet I do not find in his book any attempt at defining just what constitutes stoop shoulders and flat chest. Evidently it was too easy to be worth while, or too difficult to be undertaken, so while the extreme degrees are easy of recognition, the question of where the line shall be drawn again presents itself, and I ask some one present to suggest an answer.

*J. Nerves, Defects of.* I mention this subject only to show that I did not overlook it. I consider that it does not call for an attempt at standardization for defects of the nervous system of an organic order, such as the results of an early infantile paralysis, and other forms of paralysis are evident.

Chorea, both acute and in its most chronic form of "habit spasm," I would consider as acute diseases, and not defects calling for consideration in the scope of an article such as I have undertaken and presented.



## PRACTICAL APPLICATION OF MEDICAL INSPECTION IN SMALL COMMUNITIES; SOME RESULTS\*

BY WILLIAM K. CAMPBELL, M. D.,  
Long Branch, N. J.

This subject has been chosen by me in order to present some features of medical inspection which to my mind should be more or less standardized throughout the State, and in order also to try to bring out a discussion, so that each may better understand what his confreres are doing in other communities.

First let us look at the matter of the appointment of the medical inspector by the local board of education. This has been done with such great laxity in the smaller places, and has resulted in such a very poor showing that we have lately been confronted with an agitation in the legislature for the purpose of taking away the mandatory part of the law requiring the appointment of a medical inspector for each school district, and leaving the matter of such appointment open to the discretion of the local board of education. Should such an amendment be passed, the foundation, as to the usefulness of medical inspection in this State, will have been very greatly weakened and our ideas of uniform and efficient medical inspection, covering the entire State, will in its carrying out be greatly delayed, if not entirely nullified.

To the end that the medical inspector shall be more efficient, and his work more uniform with that of his fellows, I have recommended to the Monmouth County Superintendent of Education that he recommend to the local boards of education a rule to be incorporated with the contract which they shall make with the medical inspector whom they appoint, requiring him to attend once yearly a conference of medical inspectors to be called by the county superintendent, this for the purpose of discussion and comparison of the work done in the various communities.

I have also asked that he advise that the local boards will assure the medical inspector that his term of office will be made dependent upon the quality of his work and the results shown and not upon the political complexion or the change of personnel in the board itself. In furtherance of this, I

would urge the placing of the medical inspector, if at all possible, within the category of the teaching staff and have him come under the tenure of office act, thus putting him in such a position that he will be able to work out the problems of medical inspection, without the possibility, that having started to do good work for the schools, and possibly neglecting his private practice; he finds at the beginning of a new school term he has not only lost his position, but also a part of his private practice. In fact, under present conditions, no man can afford to neglect his private practice for the purpose of devoting his time to an uncertain, and, at the best, an illy paid position.

Due to the chaotic condition of medical inspection, those of us who are sincerely interested, and who firmly believe that medical inspection is an epochal step in public health work, are handicapped by the few medical inspectors who are not at all interested in the work as such, but merely hold the position as a means to augment their income.

Now as to ourselves as medical inspectors; we must realize that there is a vast difference between this work and the ordinary work of every day practice. We must recognize the fact that discipline is necessary and is demanded of us as well as of the entire teaching staff of our educational institution. Method and rules and strict observance of them are necessary on our part, if we wish to impress upon the community at large our sincerity of purpose and our willingness to sacrifice our own convenience to the necessities of the public health. Looking at the matter from this standpoint, I venture to say that the majority of us will agree that in the main features the rules promulgated by the State board for the guidance of the medical inspectors are not unreasonable. However, the rules should be intelligently revised, and that under the competent supervision of men who have had considerable experience in practical work of medical inspection.

For instance the rule setting the term of the medical inspector at one year should be changed, either to lengthen the term to several years with provision for the removal of the inspector for neglect of duty, or the term of service should be left to the discretion of the local board of education. Also the rule in relation to the payment of the salary would appear to be very illy chosen, inasmuch that, requiring the salary to be divided into two parts, one to be paid upon the completion of the physical examinations

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and the other half in ten monthly installments, tends to lay undue stress upon the work of the physical examinations to the detriment of the general work of the inspector. This tends to make the inspector bend every effort toward the completion of the physical examinations and after completing these and drawing the half year's salary, there is a marked tendency to slight, so far as possible, the rest of the work.

Now as to the practical application of the work of medical inspection, and I would have you clearly understand that what I have to say is of the work as carried on in the smaller communities and under their conditions, which of necessity vary considerably from the conditions in the cities, consequently the technique of the work has to be and is very different from that carried on in the cities.

As every physician in his daily work gradually evolves from his experience, some particular technique or method in order to facilitate the carrying out expeditiously his daily routine, so the medical inspector who has been doing the work over a series of years undoubtedly develops a certain technique, and it has appeared to me that a discussion of the methods so employed by the different inspectors would be of considerable value to any one of us. Consequently I am going to try to outline to you roughly, and a bit hastily, something of the method I have developed in the work in the Long Branch schools.

Starting at the beginning of the school year in September I pick out of the schools assigned to me, the ones which in my estimation most need the inspector's services, either on account of containing the greater number of the smaller children or having the larger percentage of children of foreign parentage. I then lay out my route for calling at the schools so as to call at these schools first in the morning. I make it a point to be at my first school, as near as possible by 9.30, on such days as are designated for call at that school, and I endeavor to so time my calls as to always call at each building as near as possible to a definite time. I consider this important, because if the principal and the teachers become habituated to the inspector's call at a regular time, it becomes semi-automatic with them to have ready, at such time, the children whom they wish the inspector to see. Immediately upon entering the building the teachers are notified that the medical inspector is present, either by messenger or by a pre-arranged signal on the room bells.

The teachers are instructed to look carefully over their class immediately after the class assembles in the morning, and to note any child who appears to be sick, or who has any eruption on the skin, or who has been absent over two or three days, or in fact any child who for any reason she thinks should be seen by the medical inspector. These are sent to the medical inspector's office immediately upon his arrival, or if she suspects anything contagious they are sent to the medical inspector's office immediately upon their arrival in the class, there to wait until the inspector comes. The inspector examines all these and where necessary fills out the proper recommendation slips which are returned to the teacher who makes a record of them and then gives them to the pupils to take home to their parents. After inspecting these children, which we class as special examinations, I then select some class for its routine physical examinations. I do these in the class room for several reasons; first, I find that it brings first-hand to the teacher's attention any defect present in any individual child; second, it gets the teacher interested in the work, and third, it facilitates the examinations greatly. For instance, I go into the class room of thirty to forty children, carrying with me a box of wooden tongue depressors and a vision test card. The card I hang in a good light, either in the front or the back of the room and then the record cards for the class, alphabetically arranged, are taken by the teacher at her desk. If she has never marked the cards before, I go over the essential items on the card, explaining them to her and showing her how I want them marked.

I then pace off twenty feet from the test card and taking a waste basket in which to throw the wooden tongue depressors I set it by a pupil's desk, which I have cleared for my use at the time. I then select a pupil to point out the letters on the test card, and by having this pupil skip around the various letters of the line used I find that pointing out three or four letters at random for each eye is much better than letting the pupil read the whole line, as this prevents the class for learning the letters by rote. The teacher then calls the pupils one at a time and as they approach me I size them up as to their general appearance, nutrition, gait, etc., I then test each eye separately for its visual acuity, then each ear is tested roughly with a watch for hearing and at the same time is inspected for evidence of any dis-



charge. Then having the child open the mouth, the throat is quickly inspected for enlarged tonsils or evidence of adenoids and by a quick swing of the tongue depressor first to one cheek and then the other the condition of the teeth is noted and the decayed teeth counted. If any heart or lung defect is suspected the child is later examined at the inspector's office for such defect. Each item as gone over is called to the teacher who enters it on the card. I have found that by systematizing the examinations in this manner the work can be done satisfactorily and very quickly. I have also found it much more satisfactory to do the work this way than to have the children sent a few at a time out of the class to the inspector's office, and I also find that it, in the aggregate, disturbs the class less and interferes less with the teacher's work, besides having the added advantage of obtaining the co-operation of the teacher. As to weighing and measuring the children, I have stopped doing this myself and now have the teachers do it at their convenience. In fact from the standpoint of medical inspection, pure and simple, I have some doubts as to its practical value. After the completion of the examinations I take the cards to my desk and there go over them, making out the proper notification slips to send to the parents where defects are found, and tabulating the defects and the number of examinations on the weekly report blank, which is sent to the supervisor's office. The notification blanks are sent back to the teacher who is required to make a record of them for future reference as to whether or not the parents have had the defects attended to. After a reasonable length of time the teacher reports back to the inspector those children whose parents have made no effort to remedy the defects reported, and these children are sent back to the inspector for re-examination. Should the condition be such as to warrant it a second notification is sent the parents, and, where necessary, we have the visiting nurse go to see the parents and endeavor to have the child's condition attended to. I might say in this connection that we have in operation a very satisfactory arrangement with the Visiting Nurse Association of the city whereby we pay so much per call for this work.

Aside from the work of examining the children, I make it a practice to go at frequent intervals, unexpectedly, into different class rooms; to the basements and to the toilets and to note the conditions as to cleanliness, ventilation, lighting, etc., and to

make recommendations on the weekly report blank where I deem it necessary.

Now what can we claim to have accomplished in results from medical inspection. Of course the laity expect that medical inspection will wipe out epidemics of contagious disease in the school, and I must confess that I had somewhat that idea when medical inspection was first instituted some years ago. To the laity that seems to be the most desirable thing and the sum and substance of successful medical inspection. I do believe that we have succeeded in controlling to some extent the spread of epidemics, but we have not been able to wipe out measles, scarlet fever, diphtheria or whooping-cough, and under present conditions, where people are congregating in moving picture theatres, churches and other public places and taking no care themselves to prevent contagion, we would be wildly optimistic should be even expect to accomplish their eradication in the near future.

However, medical inspection has accomplished much, and first I would set the education of the individual child in personal hygiene as the greatest accomplishment. The child sees by precept and example the things for which medical inspection is striving; he retains some of this in his own mind and he carries some home to his parents; he becomes ashamed of unclean hands, unclean body or clothes and unclean surroundings. He learns to be more careful as to what he puts in his mouth and to avoid various things detrimental to his health. He takes pride in keeping himself and his surroundings clean.

When I first began medical inspection we had in our schools an immense number of cases of impetigo, scabies and ringworm. We have succeeded in controlling scabies and ringworm so that, with the exception of a very few cases at the opening of school in September, we now have rarely to exclude children for these diseases. In fact last year we had but four cases of scabies and six of ringworm out of a school population of about 2,800.

Impetigo has not been wiped out quite so effectively as we had 52 cases last year. Pediculosis has shown considerable improvement so that last year we had but 25 cases excluded. In the matter of teeth when we first instituted medical inspection it was rare to find children in the lower grades who had had dental attention and quite rare to find children below the grammar school who habitually used a toothbrush. Now fully fifty per cent. of the

children in the lower grades and the vast majority in the upper grades are receiving dental attention and the vast majority of all the children are using the tooth brush daily.

The number of unattended cases of adenoids and enlarged tonsils are very rapidly diminishing and there are very few cases of visual defects that have not been refracted and glasses fitted.

On the whole I think we can look with justifiable pride upon the things we have accomplished and we can hope that with greater education of the children in health matters to accomplish much more in the not distant future.

### MILITARY DRILL IN THE HIGH SCHOOL IN THE INTEREST OF HEALTH.\*

BY WILLARD S. SMALL, Ph. D.

Principal of the Eastern High School.

Washington, D. C.

In the year 1914-15 there were in round numbers 160,000 applicants for enlistment in the United States army. Of these 117,000 were rejected upon preliminary examination and of the remaining 43,000, 7,000 were rejected upon the medical examination. Thirty-six thousand, or approximately 25% were accepted. Captain L. P. Pinkton in charge of the recruiting bureau of the United States Marine Corps in New York City stated some weeks ago that during the present year there had been to date 11,012 applicants for enlistment at the recruiting station in New York City and that out of that number 316 had been accepted. Only one in every 35 who applied was physically fit for the Marine Corps.

I am not presenting these figures as properly indicative of the physical status of the young men of the country. I only make use of them as an illustration of the fact that there is a large amount of physical inefficiency among the young men of the country.

The Governor of New York has just signed a bill, passed at this session of the State Legislature, making physical training compulsory for all pupils over eight years of age in all public and private schools of the State. As legislation this is important. Indeed, as an indication of the appreciation on the part of legislators of the importance of physical efficiency in any program of na-

tional preparedness it is important and radical. Coupled with the law already upon the statute books of the State of New York requiring medical inspection of all school children of the State, it ought to mean much for the development of the physical capacity of the people of this State.

The proof of the pudding, however, is in the eating and the value of these measures will be determined not by their apparent completeness, but by the intelligence and thoroughness with which they are carried out. Parenthetically they are far from guaranteeing adequate control of the physical welfare of the youth of the State and the kind of school life they are to lead. If we are ever to have complete and adequate protection and promotion of the health and physical efficiency of our people, the program must be begun at least at birth; and there must be continuous and unified administration of the program before school life as well as through school life. Even that will not guarantee the desired results unless we can also realize the social and economic bases of health. Medical inspection and physical training will be comparatively futile unless they are joined with wholesome living conditions.

I present for your consideration at this time the possibilities of military drill in the high schools in the interest of health. Up to the present time military training has found place in but few of the high schools of the country. It has had a place in Boston for approximately half a century; in Washington about thirty years; in some smaller places for varying lengths of time. But it is not widespread and on the whole the results have not been satisfactory. It is not maintaining its popularity with the boys. In Washington, for instance, in the early days of military training it was exceedingly popular. Every boy wanted to be a cadet. In recent years its popularity has waned. Not more than half of the Washington high school boys are members of the cadet corps and it is quite generally true that the more vigorous and athletic boys have little or no interest in military training. This falling off is largely due, I think, to the inadequacy of the type of military training that has prevailed in our high schools. The military training has consisted almost exclusively of close order drill with a great deal of attention to the military effects of the drill. The monotony of the thing has been marked. There has been little variety, little attention to its effect upon the health, and little attention to

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its development of intelligence and initiative.

Can military training be made an instrument for the promotion of health and physical efficiency of high school boys? To my mind there is no doubt that it can be made such an instrument. But if we are to get values out of it then it must be adapted to the interest and capacities of high school boys. It must not be in form and substance merely an imitation of the procedure of the regular army.

First of all let us realize what the human material is with which we have to deal. It is boys of an average age from 15 to 17 years. They are in the early or middle adolescent stage; they are physically unformed, just as they are intellectually and morally unformed. Any scheme of military training that does not take account of the normal physical and mental characteristics of boys of this age will be useless, perhaps worse than useless from the point of view of the development of health and physical efficiency.

What does or what may military training offer in the way of incentive and of procedure that will be conducive to the promotion of health among high school boys?

Let me repeat that the old form of military drill with its narrow, monotonous program will not do. There must be first of all a full understanding of the fact that the military training that is given in the high school is not and cannot be intended to turn out trained and matured soldiers. The aims must be to develop moral and physical capacity. I am not ashamed of the word moral. It may be moth-eaten, but by it I mean in this connection intelligent obedience, respect for order and authority, and intelligent self-respect. This must include high respect for one's "living temple."

I turn now to some of the most specific details of the program of military training for high school boys. Let us give honor where honor is due. The program that appeals profoundly to me is that developed by Lieutenant E. Z. Steever of the U. S. Army in the State of Wyoming and popularly known as the Steever plan. An admirable popular account of Lieutenant Steever's work in Wyoming may be found in the February, 1916, number of Everybody's Magazine. (See also a report on same by Army War College).

For the past few months Lieutenant Steever has been detailed in Washington to co-operate with the Washington school authorities in incorporating the main fea-

tures of the Wyoming plan into the existing cadet organization. Lieutenant Steever takes account of three fundamental instincts; the instinct to play, the instinct to compete, and the instinct to co-operate. Without taking the work out of military training he has put the play motive into it. He has capitalized the competitive instinct without narrowing competition to individuals or to selected groups, commonly the bane of our present athletic situation. He has capitalized the co-operative instinct in such a way as to make co-operation real and genuine and not the co-operation of petty, accidentally selected groups. The essential competition is between groups so selected that ability will be evenly distributed and success will depend upon intelligent, faithful and strenuous effort, not upon marked differences in natural ability.

The outstanding features of the course of instruction are: (1) A succession of competitive activities running through the year, and (2) two or three weeks in a military camp. The competitive activities as developed are: Calisthenics, wall-scaling, target practice, drill in regular formation and map reading. Four of these are essential features of physical training. The camp procedure includes not only the ordinary matters of pitching tents, cooking, etc., but also the fundamentals of sanitation and personal hygiene, including first aid to the injured.

Such in brief is a scheme of military training that would mean much for health. But such a scheme should be national in its scope. Vitally it is a national matter and it is a matter that should be promoted by the Federal Government. The Federal Government is moving in a large and far-sighted way at the present time in the encouragement and support of rural and industrial education. It should move in the same large and far-sighted way in the encouragement and support of military training in our high schools. I believe the following tentative plan for such support would be both feasible and economical. The Federal Government should provide the necessary financial support for the maintenance of military training in the public high schools of the Nation, whose school boards may agree to the following conditions:

First. To maintain in the high schools, under their jurisdiction, a graded and prescribed course of military training extending through two years of the high school course. Such training should be open to all boys as a voluntary and elective study,

provided, of course, that when elected the study should be continued for at least one year and should not be dropped within that time except by permission of the school authorities for adequate reasons.

Second. The schools should give credit for military training to the extent of at least one-sixteenth of the total requirements for graduation, provided that the course in military training should consist of not less than two hours a week for not less than thirty weeks of the school year, and the conduct of a camp for not less than two weeks each year.

Third. The school boards must provide adequate physical examination for all candidates for military training, the standards for which should not be, of course, the standards that prevail in the selection of applicants for enlistment in the regular army, but standards that shall be worked out by competent physical training experts who shall be conversant with the physical character of high school boys.

Fourth. The actual teaching of the military training should be done by a regular teacher in the school, preferably a teacher of physical education. This work should be done under the direction and supervision of an officer of the regular army detailed for that purpose. The teacher who gives the instruction might be designated the School Director of Military Training. He could qualify for this work by attending for a period of about three months a school for the training of School Directors of Military Training conducted by the supervising army officer above mentioned. Any live, well-trained young man of good physical capacity who has had some experience in athletics and physical training could qualify for this work by completing the three-months course of training.

I have worked out in some detail the possible administrative machinery for such a program, the amount and kind of federal aid to be given and the probable cost, but it is not the administrative aspects of the program that I am interested in at this point. I wish rather to bring to your attention that such a plan would guarantee four things: adequate physical examination of all high school boys; development of competent teachers of physical education; attendance at the military camp and target practice. I also call your attention to the fact that military training is giving a place in the curriculum with a credit value for graduation.

In conclusion, I wish to point out speci-

fically the values, for health, of physical examination, shooting practice and camp life.

First. The adequate physical examination of all high school boys. There are few of the schools in the country that provide adequate physical examination for the high school boys. I do not need to enlarge, to this body, upon the fundamental importance of an examination repeated at proper intervals for adolescent boys. It would be but bringing of coals to Newcastle to remind you that this is equally important as a means of charting the physical character and capacity of boys and as an incentive to boys to raise themselves to such physical standards. If now you add to this the fact that the physical examination is not merely for the purpose of revealing to these boys their physical status as an abstract proposition, but is for the purpose of determining whether or not they are fit to take part in this program of military training; then you have provided a real stimulus to improvement. No boy wants to be a molly-coddle and no boy wants to be set down as inferior. If the program is something that enlists the interests and enthusiasm of the boys, as this program does, then the boy who is unfit is going to make himself fit if it is possible to do so.

Second. Target practice. Experimental physiology has devoted a great deal of ingenuity and intelligence to the development of neuro-muscular tests. As a rough and ready test of a boy's neuro-muscular condition there is nothing that compares with rifle shooting. It is an infallible indication of the boy's condition at the time of shooting. I have seen the best shot on the school boy rifle team drop to third place in a competition the day after the night he went to a dance and stayed out until one o'clock. I have watched the successes and failures of boys, many of them—who have attempted the difficult art of rifle shooting. Rifle shooting does not, of course, test in detail; it does not tell specifically what may be wrong with a boy—his eyes, his general condition, or whatever it may be—yet it does serve as an infallible indication to the status of that boy with respect to neuro-muscular control; and thus it serves as a starting point for more thorough testing and examination. It serves again as a powerful incentive to boys to find out their weaknesses, and to regulate their lives accordingly. It tends to make a boy interested in his own health and own physical capacity in a sort of detached and objective



way. It does not lead to hypochondria or morbid introspection.

Third. The camp life gives boys practice, under proper supervision, and direction in the fundamentals of hygienic living. We may teach the principles of hygiene out of books, by lectures, demonstrations, but all these means are more or less futile, for it is the practical living of hygienic principles that is effective. Such a program of military training as outlined and especially the intensive application of it in the two or three weeks of it constitutes a continuous experience in the living according to hygienic principles. It is backed not only by the desire for individual superiority but also the desire that the group to which he belongs shall not be hampered by his weakness or incapacity.

### THE NURSE'S PART IN SCHOOL MEDICAL INSPECTION.\*

BY ANNA W. KERR, R. N.

New York City.

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So many different aspects of health work in the schools have been scheduled for the program of this meeting, I would like to call your attention not only to the nurse's part in school medical inspection, but also the effect of this work upon the nurse herself and the nurse's view of the system as she sees it. More than anything else, it has broadened her and given her a field for her activities never dreamed of before. In the nurses coming to us for instruction if they are the right calibre, the development of the teaching faculty is remarkable. Work that has such an effect on its agents is surely of the right sort. Backward children, stuttering children, nervous children with every sort of infirmity, respond to the treatment given them and blossom like the rose. The effect on the nurse of something accomplished which is practical is to give her confidence in such a system. The only trouble with such interesting work is that it is difficult to know where to stop.

Where pioneer work is being done, it is sometimes necessary to employ the material close at hand and available, but in the large demands that are now being made upon her, the selection of the school nurse is of the greatest importance. For this reason,

fix the standards of education as high as possible, for the simplest task gives the largest return when undertaken by a well-taught, intelligent worker, keen to accept every opening for service and alive to every possibility for increasing the welfare of children. To obtain such a nurse is not easy in every community, but taking the nurse's State registration as a basis of her qualification and fitness, supplement that by a course of public health training. If that training has not been given, lectures, attendance at meetings, a general interest in the community affairs, conferences with other workers in the same field, and a study of social conditions and civic agencies will best fit her for the task if her personality is such as to impress the public with the value of the work in hand. That she be kept in intimate touch with the plan and aims of the agency for which she is working by conferences and meetings, whether it be for the school directly, for a health department, a Visiting Nurses' Association or a community centre, goes without saying. General meetings such as this are an inspiration to the school nurse. In the ever-changing and rapidly growing work, she must have sufficient time to consider various problems presented to her for she cannot stand still, but must advance as the work does. Therefore, periods of leisure for study and thought are of importance. She is a professional worker, with a professional training, hence her salary should be commensurate with her calling. This plea is made not only for the nurse, but for the work's sake.

It is not always possible to set apart in a school not built with a view to medical inspection, the proper space for the work of inspector and nurse, but the right environment is the greatest possible aid in impressing the public and creating confidence in the nurse's teaching. With the building of our newer schools and the installation of such rooms, a forecast of further regulations for efficient service is given, and a possibly closer connection between the various phases of health work in the school. In planning such medical rooms, the psychological effect on the children of cheerfulness, light and order might be taken into account and such places could be available for mental tests when needed. Medical rooms must necessarily contain certain supplies, but they may also be made as instructive in health lessons as a kindergarten. We need a development of health and instructional posters and charts, such as the Child

\*Read at the Annual Meeting of the N. J. State Association of Medical Inspection and School Hygiene.

Welfare League is publishing; for some of the most lasting impressions on children are those that are produced by appeal to the senses and these should find a place in the medical room. Much of the nurse's time is spent in the field, but some of her most effective work is that done with individuals who need instruction that cannot be given in the classroom, and where the right environment of the medical room enhances the value of her teaching. Team work between inspector and nurse is enhanced by convenient and complete medical rooms, where work may be discussed.

Until the work of the school nurse is standardized, her function varies with the requirement of the community for which she labors, but in whatever else it differs, as a health teacher she is at her best and is creating a field for herself by patient following-up of instructions. Whether that teaching is given to classes by grades, or individually by demonstration, its success depends on carrying the teaching of health habits into daily life. It is interesting to follow the development of her field of activities—first, simply as a detector of contagion, then as a home visitor and instructor in the school for physical defects, next as a teacher of hygiene in tooth brush drills and in breathing exercises, then as an organizer and as a teacher in Little Mothers' Leagues and Health Leagues, and lastly, as a teacher of hygiene in the upper grades of the elementary school and in the high schools, for in some schools that is being required of the nurse and she is patiently trying to do her part. Whether this is advisable or not we will discover later. Some of the nurses with whom I have corresponded, who have been unable to take up cases of physical defects, owing to lack of facilities for treatment, have been obliged to confine their health activities to giving baths in the schools, which shows how uncertain the position of the school nurse at present is. For a community in which there are no facilities for dispensary treatment, the traveling clinic will be the only relief. In the correction of physical defects, the nurse's value to the community consists in her power to compel or induce parents to procure treatment for their own children, as she is taught that parental responsibility is the aim of all our teaching. The parents should feel the responsibility and the public should provide necessary clinics. The family as a unit is the point of attack. For this reason, *school consultation* and visits of parents to the schools to consult the doc-

tor and nurse are a great help, for while attention is called to the individual child, the health of the whole family may be influenced in explaining the relation of certain defects to proper nutrition, ventilation in the home, etc. The parents' association in the school may be brought to consider health and social questions, and so aid in the health work by co-operating with inspector and nurse.

In teaching girls the care of babies in our Little Mothers' Leagues, it has been shown that the children take great interest in any movement in which they act as organizers, and that the force of public opinion carries as much weight in the classroom as in the world outside. This fact was made use of in forming Health Leagues in the schools, co-operative efforts of the teacher, nurse and children to raise class standards of cleanliness and health. Initiated with the idea of eliminating pediculosis, it has spread to the correction of physical defects. An experiment was carried on in two of our schools where the nurses gave health talks to girls of the sixth grade, the classes numbering about 100 each. The talks were accompanied by demonstration of the subject, and while educational work is difficult to express in statistics, some excellent results of these talks followed, such as the reduction in the number of girls coming to school without breakfast from 19 to 1, and the practical working up to a more normal standard of those who were discovered to be below average height and weight. Some of these lessons were given in co-operation with the sewing and cooking teachers who were glad to co-operate with the nurse in making the lessons practical. This occurs to me a working out of the teaching of hygiene—practical by the nurse, theoretical by the teachers.

When the teaching of health facts is made popular, the correction of defects is made easy, but generally when school medical inspection is instituted, it is at the point of the bayonet. Popular opinion does not always support the nurse. The first duty of the school nurse in taking up new work is to demonstrate to parents the improvement in a child by correction of defects not discovered before, and when this is done, the propaganda quickly spreads, but not always in the way intended. In instituting a Hygiene League in one of our schools, the mother of one of the girls wrote the school nurse: "Please do not have my child sit next to Mary S., as she is troubled with 'hygiene.'"



The establishment of children's clinics, places where the children are carefully studied and the requirements of the school attendance considered in time schedules, is one of the most important aids to school medical inspection and incidentally to the school nurse. Clinics in the schools are a tremendous saving of time to the child and the nurse. Nothing illustrates this better than the clinics established in certain schools in New York, where contagious eye diseases are treated. The operative cases are immediately discovered and sent to hospital for treatment, and those cases requiring daily treatment are able to receive it without loss of time from school, one nurse conducting two such clinics daily in two different schools. In the clinics for the treatment of adenoids and hypertrophied tonsils, established by the Health Department, for children whose parents were unable to pay fees demanded for operation, it was demonstrated that the stay of twenty-four hours was all that was necessary in average cases, and that operative cases were safe to return to school in three days to a week. The establishment of special children's clinics should go hand in hand with that of school medical inspection, for nothing is so discouraging to a nurse as an accumulation of cases for which there is no provision for treatment. Time is an important factor in the disposal of a certain class of cases. Arguments that are new must be allowed time in which to produce their best results. It is conceded, however, that the efficiency of school medical inspection is judged by the proportion of defects corrected. In the desire for a good showing, false standards of work are sometimes created, which it is difficult for the conscientious nurse to live up to.

Where a large number of children must be reached by one nurse, publicity, literature and meetings must be used to the fullest extent, but nothing can take the place of personal interest shown by the nurse in her home visits and intimate conversation with the parents of the children. That the work with children brings in a hundred per cent. return, and that it saves from chronic disease many who would otherwise have fallen by the way, we are assured. That it will do much more we are certain, when each nurse has the training and the time which will allow her to deal with the whole category of health facts which affects the child's life, both in and out of school.

## Clinical Reports.

### CONGENITAL, IDIOPATHIC, DILATATION OF THE COLON — HIRSCHPRUNG'S DISEASE.

By BENJAMIN GUTMANN, M. D.

New Brunswick, N. J.

A. N., female, age 20, family history negative; always enjoyed good health except for very obstinate constipation and attacks of abdominal pain accompanied by distension. The constipation would resist large and repeated doses of various purgatives. Occasionally there would be diarrhea. These attacks the patient could remember having since childhood and they grew more severe and the constipation more obstinate as she grew older.

She was operated on October, 1912, for what was then thought to be intestinal obstruction. A torsion of the colon near the caecum was found, corrected, and the patient recovered. She, however, continued to have attacks of abdominal pain and distension of abdomen which grew constantly worse until she was seen in May of this year. She had at that time been unable to procure a satisfactory movement of the bowels for two weeks or more and her abdomen was much distended. There was no vomiting.

It was decided to open the abdomen. This was done on May 6, this year. I might say that efforts to move the bowels before operation were only moderately successful in that after repeated enemata, etc., there would be escape of considerable amounts of gas and small amounts of feces without complete relief of the abdominal distention.

On opening the abdomen and making an inspection a large hollow organ was seen that seemed to fill the entire lower portion of the cavity. It reached from one iliac fossa to the other, and extended upward above the umbilicus. It was not immediately determined what this organ was, but a dilated colon was suspected and a rectal tube was inserted by a nurse, the tube passing upward into the center of the structure. It was then delivered through the abdominal wound and was found to be the descending colon which was dilated from a point just below the splenic flexure down to the sigmoid. The dilation was somewhat uneven. It had a diameter at its largest part of at least 8 inches. The walls were much thinned. The columnus of the longitudinal striae were much separated.

It was decided to narrow the lumen of this enormous dilatation. This was done by a double row of continuous silk sutures which at each stitch picked up 3 points of the surface of the bowel.

The longitudinal striae were included in these sutures and acted as a guide.

The patient made a good recovery. Her bowels moved spontaneously on second day following operation. She required one dose of a saline during her stay in hospital following operation, a period of 11 days. The patient has been seen on three occasions since her operation and she has up to this time remained free from difficulty. She rarely misses having a daily movement from bowels, without use of medicine.

Other operations are done for this condition such as: removal of large intestine. Entero-anastomosis, establishment of artificial anus and resection. The above described procedure, colopexy, however, seems thus far to have been successful in this particular case.

Congenital dilatation is distinguished from others by reason of absence of any demonstrable mechanical obstruction.

Other dilatation may occur from accumulations of gas, of faeces, from obstructions due to tumors and cicatrices and from foreign bodies.

Dr. Benjamin Gutmann also presents the following case:

#### ACUTE LYMPHOID LUKAEMIA.

The patient, K. B., female, age 17, with negative family history, both parents and all her brothers and sisters being alive and well, except the mother who has fibroid phthisis.

Personal history: Has always enjoyed exceptionally good health, has never been ill except for minor diseases of childhood. About ten days before beginning of present illness, she was thrown from a horse, receiving a bruise on her shin, which was followed by a hæmatoma that suppurated, requiring incision. This healed promptly.

The patient presented herself at my office on August 21, 1916. She complained of great lassitude, headache and shortness of breath on slight exertion. Her appetite was good. Temperature normal. The face and lips were pale. A careful general physical examination failed to show anything abnormal with the exception of a soft, blowing murmur at the apex of heart. No diagnosis was made and she was told to report again in a few days, which she did. Her symptoms were then much the

same but were more pronounced. Urinalysis negative.

One week after her first visit she was seen at her home. Her headache had become more severe, the pallor of her face had increased and the face had become puffy in appearance. The dyspnoea was much worse. Numerous murmurs could be heard over cardiac area. There were also murmurs to be heard over the larger blood vessels. The gums were bleeding. Ankles and legs were slightly oedematous. Temperature at this time was 102; pulse, 90. There was no apparent enlargement of spleen or of the superficial lymph glands. No petechial hæmorrhage.

A few days later the patient was compelled to go to bed by reason of her weakness. The dyspnoea became very apparent on the slightest exertion. Her condition suggested some profound blood disturbance and accordingly a blood smear was made with following result:

Polymorphnuclears, 9%; lymphocytes, 90%; mono-nuclears, 1%; transitional, 0; eosinophiles, 0; basophiles, 0; many nucleated red cells.

This, of course, told the story. No other condition gives such a picture as this. A count showed: White cells, 9500; red cells, 850,000; differential practically the same as above. Subsequent blood examinations made during the course of the disease showed no material changes.

The patient grew steadily weaker, gastric symptoms, such as nausea and vomiting appeared. Temperature ranged from 100° to 102° F. The pulse grew smaller and weaker and the patient collapsed on attempting to rise. Color became waxy yellow. She died September 24, 1916, the duration of the disease having been not quite five weeks.

Of treatment little can be said. It was supporting and symptomatic. Arsenic, in the form of sodium cacodylate, was given hypodermatically. Nothing made any favorable impression the cause of the disease.

This is a description of the most terrible of blood disturbances and it fortunately is rare. In this case there was no apparent spleen enlargement and no involvement of the superficial lymphatic glands, with possible exception of slightly enlarged cervical glands on one side.

It is the present opinion that the two chief varieties of lukæmia—myeloid or splenic and lymphoid or lymphatic—really involves the same anatomical structures, and the classification depends on the predominance of changes in the parts involved.



The resemblance to an acute infection, especially in the acute lymphoid type, has been noted, and the frequent history of trauma, as in the above described case, makes the infection theory plausible.

### MISCELLANEOUS CASES.

#### Case of Poliomyelitis.

Dr. Louis Fischer, New York, reported this case:

A typical case seen was one of a child about four years old which had a series of convulsions recurring, and a very high temperature. The prognosis was fatal. When seen by me the child had had convulsions, was in deep coma and rigid. Lumbar puncture yielded 25 c.c. of spinal fluid. An injection of 15 c.c. human serum was given. A gradual improvement took place, and the child has completely recovered.

**Delirium and Convulsions After Neosalvarsan.**—Langevin's patient had been given for four weeks an intravenous injection of a mercury salt five days of the week; the sixth day neosalvarsan was injected, the doses increasing from 0.15 to 0.6 gm. in the four doses that had been given. Convulsions, unconsciousness and delirium developed three days after the fourth dose. The clinical picture was exactly like that of the serous apoplexy which has been known to develop under salvarsan and to subside under epinephrin treatment. The delirium was of the delirium tremens type, coming on as the young man came out from the coma, and keeping up for several days. Venesection was done at once after which there were no further convulsions. During the four days of coma a quart of boiled water was injected slowly into the intestine every hour, and then man recovered. The case was published in the Bull. et mem. Soc. med. hop. de Paris, 1916, p. 647.

#### Granuloma Pyogenicum.

Dr. C. D. Wescott reports in the A. M. A. Journal a case of granuloma pyogenicum occurring in a boy aged 9, and affecting the eye. It was located just above the edge of the left upper lid and caused serious anxiety for fear of cancer, the disease of which the child's father had died. Wescott says the two conditions simulating this growth are cancer and chancre. Although persistent and liable to recurrence, it is usually treated without much difficulty. The tumor in this patient was removed and the wound cauterized; it healed, leaving a very small scar.—Journal of the American Medical Association.

#### Case of Acute Yellow Atrophy of the Liver.

Dr. C. P. Longridge, Royal Army Medical Corps, relates in the Journal of the Medical Corps the case of a soldier aged twenty-five who having reported ill at Gallipoli was sent to a hospital in Egypt. The symptoms pointed wholly to epidemic catarrhal jaundice, which was prevalent at that time. In a few days severe symptoms appeared, including syncope and vomiting. Icterus became marked. Liver dullness increased. Received by the rectum

glucose injections, with sodium bicarbonate by the mouth. Leucin and tyrosin were present in the urine. Symptoms grew worse and delirium set in. Glucose enemata no longer practicable. Soda injected hypodermically. Patient was now unable to receive food, and urine was almost suppressed. Diagnosis of acute yellow atrophy of the liver made in consultation. The sole dependence was placed on the bicarbonate injections. One week after the patient was admitted to hospital he began to improve, the liver dullness rapidly receding. The man was discharged cured on the thirty-third day.

#### Yellow Atrophy of Liver Following Syphilis.

Dr. T. M. Bianchieri reports two cases in which there was a slow progressive hepatic degeneration whose clinical course and pathological anatomy were identical with those of subchronic yellow atrophy of the liver. Syphilis was the outstanding etiological factor.—Archivio per le Scienze Mediche.

#### Cases of Bubonic Plague in England.

Dr. A. R. Short, in the British Medical Journal reports that two certain cases, and one probable, of bubonic plague have been treated at the Bristol Royal Infirmary between July 30 and August 5, 1916. Two of the patients and the father of the third were workers in a rag factory in a poor part of the city. The plague bacilli have been demonstrated in a rat found in the factory and the theories that suggest themselves in regard to the source of infection are three: 1. Infection from rags, though it is said that the rags do not come from abroad. 2. Infection carried by rats escaping from ships entering the port. 3. Deliberate inoculation of city rats by an enemy. If this latter theory should be true other towns may have a visitation of rat plague, with human cases following.

#### Advanced Ectopic Pregnancy.

Dr. E. D. Clark, Indianapolis, reported this case at the meeting of the Indiana State Medical Association in September.

A woman, aged 28, was in her fourth pregnancy at term. Pregnancy was apparently normal, except for an unusual amount of abdominal pain and nausea. Fetal movements were observed between the fourth and fifth months, and continued in a normal way until three weeks before her admittance to the hospital. At the end of the tenth month an attempt to bring on labor resulted in an infection of the uterus, necessitating removal of the fetus, placenta, infected uterus and tubes. The mother made an uneventful recovery. She is now in perfect health.

#### Very Rapid Success of a Nerve Operation.

Dr. Rudolf Beck, in Wiener Klin. Woch., reports the following case:

A man who sustained a bullet wound August 2, 1915, with injury of the right sciatic nerve, suffered as a result of the injury from a complete paralysis of the peroneus nerve with electrical reaction of degeneration. This obtained till September 28 without change, when he was operated upon. A portion of the sciatic nerve bundle, 2 to 3 mm. thick and 2



cm. long, was found bound up in cicatricial tissue. This was removed, the less involved fibres loosened free, suture of the two ends and enveloping of the nerve in a flap of fat and fascia. Twenty-two days later the peroneus paralysis was gone. The patient could flex his ankle 90° and could walk without a cane. The faradic irritability had returned both by the direct and indirect method of stimulation.

#### Malignant Tumor of the Kidney.

Willan (British Medical Journal, November 27, 1915), sums up his paper on this subject as follows. Excluding children, 63.2 per cent. of the cases occurred between the ages of forty-five and sixty-five.

The commonest onset symptom was painless hematuria.

In 32 cases out of 52, pain, hematuria, and a palpable renal tumor were associated at some stage during the illness.

In three cases a varicocele was a complication—that is, the condition was inoperable when first seen.

Two patients had clot retention of urine.

#### Double Impalement.

The *Medicina Contemporanea* of Lisbon reports that a man in a quarry was tamping the charge in a hole he had just drilled when a premature explosion drove the long wooden rod through his neck. As he was flung up in the air, the rod broke and the other half transfixed him also, through the chest. The hemorrhage was slight and there was no subcutaneous emphysema or appreciable disturbances with breathing; the arms showed no signs of vascular or nervous trouble, and in three months the man was dismissed from the hospital. The wood was sawed off close to the skin and the rods were pulled out from the front.

#### Rupture of the Heart in a Child.

Dr. J. Anderson, in the *Lancet*, records a case of spontaneous rupture of the heart in a girl five years of age. The interpretation which was placed on the case was that the child was the subject of an abnormal development of the coronary arteries. The vessels were unusually narrow and the lumen was encroached upon in places by the areas of thickening in the inner coat, due evidently to a syphilitic endarteritis. A hematoma in the septum was more than likely the result of thrombosis in the descending branch of the left coronary artery, and represented really a dissecting aneurysm of the heart wall. Evidences of syphilis were seen in the other organs as well as in the heart itself. Spirochetes were demonstrated in the heart muscle.

#### Rupture of Uterus Under Pituitary Extract.

Five cases of fatal rupture of the uterus are reported by V. Marcondes from the Maternity at Sao Paulo, Brazil. The women had all been attended by midwives who gave the pituitary extract, and they were practically moribund when brought to the hospital. Dr. Marcondes protests against the use of pituitary extract by the ignorant, urging that midwives should be prohibited from using such a powerful remedy. In Spain this has been done. The *Revista de Medicina y Cirugia* of Havana has

also published a recent article warning against the use of pituitary extract in ignorant hands. The writer, Arteaga, reports a case in which the midwife had given large doses of pituitary extract without effect, and he found transverse presentation, but he was able to perform version and the woman escaped mishap. Rio physicians have also recently been discussing the dangers from abuse of pituitary extract. Marcondes exclaims in conclusion that in lay hands it is actually a social scourge.

#### Child Weighing 25 Pounds at Birth.

Dr. D. P. Belchar, Sale City, Ga., reports the following case in the *A. M. A. Journal*.

Mrs. R. W. C., aged 35, height 5 feet 7 inches, weight 220 pounds; circumference at hips 50 inches multipara, delivered February 22, 1916, has had eight normal children, including a twin birth. These children have averaged from 7 to 9 pounds in weight. She had three miscarriages. April 15, 1915, she aborted after about a six weeks' gestation. Soon after she became pregnant again. Early nausea and vomiting were more marked than in previous pregnancies. Labor began February 11, 1916. Vaginal examination at 8 P. M. during the first stage showed left occipito-anterior presentation. The os was patulous, and permitted the introduction of three fingers. The labor pains were of normal frequency but short. After an hour, the os admitted four fingers, and the pains were still short. The patient was given 5 minims of pituitary extract; the pains became more severe, but had little effect on the passage of the head. In two hours the 5 minims of pituitary extract were repeated; the pains now became strong. The os was normally dilating, but there was still slight progress of the head. At 2 A. M., after a consultation with Dr. A. S. Hargrove, the patient received a third dose of pituitary extract of 15 minims. At 3.30 A. M., the head was born. The posterior shoulder was delivered with great difficulty. Much greater difficulty, however, was experienced in delivering the anterior shoulder; but with the added assistance of Dr. A. T. Stevens, this was finally rotated posteriorly, and accomplished. It required the combined efforts of the three physicians to deliver the remainder of the body. The child was a girl, weighing 25 pounds; it measured 12 inches across the shoulders, 28 inches in length and was perfectly formed. It was born dead. On examination of the mother, the perineum was found slightly lacerated. This was completely repaired by three sutures. Chloroform anesthesia was used. She made an uneventful recovery.

(Comment.—This case is remarkable as it was a girl child and the maternal measurements, as given, taken after delivery, were not abnormal save for circumference at the hips, which is rather large. The author states that the baby was perfectly formed; therefore, we may assume its head was relatively large; yet it was born without mechanical assistance and caused but slight perineal laceration.

After injury to an extremity localized tenderness or extensive ecchymosis is each sufficiently suggestive of a fracture to make an X-ray examination desirable, even though all other signs are absent.—*Amer. Jour. Surg.*



## County Medical Societies' Reports

### BERGEN COUNTY.

Frederick S. Hallett, M. D., Reporter.

The Bergen County Medical Society resumed its monthly meetings September 12th. The president, Dr. J. B. Edwards occupied the chair. Dr. Robert W. Rodman of Allendale was elected to membership. As no special program had been provided, poliomyelitis was generally discussed—the mode of transmission was not determined.

A special meeting of the society was held at the Isolation Hospital, Oradell, October 1st, at 3.30 P. M. Dr. Reginald B. Sayre, New York City, gave us a very interesting and instructive talk on "The After-treatment of Anterior Poliomyelitis." Several cases were shown to demonstrate paralysis of various localities and methods of treatment. The doctor laid stress on simple measures in the early stages for the prevention of deformities, and against the too early application of braces.

The annual meeting of the society was held at the Union League Club, Hackensack, October 10th, 8.15 P. M. Dr. Edwards, president, occupied the chair, about 25 members being present.

The officers elected were: President, Dr. Joseph Payne; vice-president, Dr. David Corn; secretary, Dr. S. T. Hubbard; treasurer, Dr. E. K. Conrad; reporter, Dr. F. S. Hallett.

Meeting adjourned after a social session.

### BURLINGTON COUNTY.

Daniel F. Remer, M. D., Reporter.

The regular meeting of the Burlington County Medical Society was held on Wednesday, October 11, 1916, at the Metropolitan Inn, Burlington.

The scientific program was in charge of Dr. D. A. Bartine Ulmer.

Dr. J. T. Rugh of the Jefferson Hospital staff gave a very interesting talk on "Poliomyelitis with Special Reference to the Treatment."

The subject was freely discussed by members of the society.

After an enjoyable dinner the society adjourned to meet in the annual meeting at Mt. Holly.

### CAMDEN COUNTY.

Grafton E. Day, M. D., Reporter.

The seventieth annual meeting of the Camden County Medical Society was held to-day at the dispensary building. The hour as announced for the session was twelve o'clock noon, but it was an hour later before the president's gavel fell.

Reports were received and the president's address on "Medical Inspection of Schools" was delivered by Dr. John J. Haley. Dr. Haley noted particularly the failure to provide any room for proper carrying out of the medical inspector's work without disturbing an entire class or school. He thought that the State Board of Education should insist upon a room being provided, apart from recitation rooms, for the use of the medical inspector.

The report of the Legislative Committee—Dr. J. M. Fithian chairman, was comprehensive, showing the need for more careful work to safeguard the people.

Co-operative or group insurance against malpractice such was presented by an insurance representative, showing how to lower the cost of insurance by grouping the members.

The following officers were elected:

President, Marcus K. Mines; vice-president, William W. Kain; secretary, Daniel Strock; assistant secretary, William A. Pratt; treasurer, Milton M. Osmun; reporter, Grafton E. Day; historian, Joseph E. Roberts; censor, John R. Stevenson. Annual delegates to the State Society, J. L. Nicholson, F. B. Cook, J. W. Martindale, T. Madden. Trustees, P. H. Markley, J. L. Nicholson. Committees were appointed on Scientific work; arrangements, legislation and delegates were appointed to the adjoining county societies.

The dinner was much enjoyed. Among the guests were the president and corresponding secretary of the State Medical Society, Drs. Philip Marvel and H. A. Stout. Dr. Marvel spoke of social insurance and its importance and possibilities, and, in addition, asked for a committee to be appointed to meet with committees from the other county societies to plan for at least one maternity hospital in each county, where expert care could be exercised in obstitrical cases. He suggested this as the accomplishment which the sesqui-centennial celebration might well be expected to presage.

His proposals were very heartily received.

### CAPE MAY COUNTY.

Eugene Way, M. D., Reporter.

The regular annual meeting of the Cape May County Medical Society was held at the Hotel Bellevue, Cape May Court House, on October 3rd, 1916, with the following members in attendance: Drs. Mayhew, Wells, J. Way, Dix, Douglass, Pettitt, Tomlin, Haines, Scott, Behrman, Hughes, C. W. Way and E. Way. Visitors in attendance: Drs. Philip Marvel, president of the State Medical Society; Emery Marvel, J. Torrence Rugh, H. B. Diverty, James Hunter, Luther Halsey, Mrs. Hunter, Mrs. Halsey, Mrs. Diverty, Mrs. Alexander, Mrs. Mayhew, Mrs. Tomlin, Mrs. Haines, Mrs. Scott, Mrs. Dix, Mrs. Way, Mrs. Douglass and Miss Nickerson.

President Mayhew introduced Dr. J. Torrence Rugh of Philadelphia, who delivered an address on "Infantile Paralysis," which was highly interesting and instructive. Discussion on the address was entered into by all the physicians present, the remarks of Drs. Philip Marvel, Emery Marvel and Wells being of universal interest.

Dr. Philip Marvel announced that in commemoration of the one hundred and fiftieth anniversary of the New Jersey State Medical Society, he was formulating plans to establish a maternity hospital in every county of the State and requested that a committee be formed in Cape May County to aid in the movement. The following committee was subsequently appointed.

Drs. Mayhew, E. Way, Dix, Haines and Hughes.

The society then adjourned to partake of a most enjoyable banquet, after which the following officers were elected for the year 1917:

President, S. Dixon Mayhew, Wildwood; vice-president, R. C. Scott, Sea Isle City; secretary, Eugene Way, Dennisville; treasurer, H.



H. Tomlin, Wildwood; censors, I. P. Behrman, 1917; R. C. Scott, 1918; H. H. Tomlin, 1919; delegates to State Society, Dr. C. W. Way. Red Cross Committee, Drs. Mayhew, Way, Haines, Dix and Marcy.

The meeting was the best attended and one of the most interesting in the history of the society.

#### CUMBERLAND COUNTY.

Elton S. Corson, M. D., Reporter.

The Cumberland County Medical Society held its annual meeting October 4th at the City Hotel, Bridgeton. Dr. Charles M. Gray, Vineland, was elected president; Dr. Louis Kauffman, Millville, vice-president; Dr. W. Leslie Cornwell, Bridgeton, treasurer; Dr. H. G. Miller, Millville, secretary; Dr. E. S. Corson, reporter. Dr. Phillip Marvel, president State Medical Society, and Dr. Emery Marvel, of Atlantic City, were present. Comment was made that with the use of the automobile visitations from neighboring county societies were less than with horse-drawn vehicles. A symposium on Infant Paralysis was conducted, participated in by Drs. E. S. Corson, Charles M. Gray, H. G. Miller and others. Each related their experience with the cases they had treated. Dr. Miller suggested that a very strict quarantine may account for the one cases in Millville, while Bridgeton has had six. Everyone felt that a definite clinical picture had been formed in each case so that it is possible to diagnose a case before the paralysis ensued.

#### ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The annual meeting of the Essex County Medical Society was held on Tuesday, October 3rd, at the rooms of the Board of Trade, Newark. The president, Dr. John F. Hagerty, presided. Dr. Ralph H. Hunt, secretary, was absent on account of the serious illness of his mother and, on call of the president for nomination for a secretary pro tempore, Dr. Frank W. Pinneo was nominated and duly elected. The treasurer, Dr. B. H. Rogers, reported total receipts for the year, with old balance of \$92.15, \$2,166.15. Expenditures: Dues to State Society, \$1,471.00; collation at annual meeting, \$210; legal expenses, \$110.60; secretary's and treasurer's expenses, \$210.04; committees' expenses, \$37.35; society's centennial banquet (deficit), \$53.23; total, \$2,103.24, leaving balance on hand, \$57.91. The president appointed Drs. Sherman, Buerman and Stage an auditing committee and they later reported the treasurer's accounts correct. The recommendation of \$4 as this year's annual dues was adopted. The Committee on Care and Treatment of the Insane and Feeble-minded, Dr. F. C. Horsford chairman, made its report. A new State law on care and maintenance of the insane and Feeble-minded had been enacted by the Legislature and is an improvement on the old. Judge Osborne has expressed thanks for the backing of the society in obtaining the passage of a new law authorizing colonies at State expense on State lands for the insane. The Parental Home, an institution in Essex County for children held under legal restraint, had asked nomination of a physician for part of his time for examining such inmates and Dr. M. J. Fine had been suggested. Transportation of insane

to Overbrook, promised by the Freeholders, had not come up to expectations owing to other calls on the automobile provided, but betterment has been assured by the Hospital Committee. The Literary Committee reported five scientific meetings held during the year. (See our county society reports in this Journal of meetings in December, January, February, March and May, at which we entertained as visiting speakers Drs. Robert T. Morris, Haven Emerson, Charles E. Nammack, J. C. DaCosta and John A. Wyeth). The Public Health Education Committee, Dr. Armin Fischer, chairman, reported seven lectures before various audiences, the speakers being with two exceptions members of our county society. The Necrology Committee reported obituaries on Drs. Wm. H. McKenzie, Albert V. Wickman, John L. Duryee, Everett P. Courtright, Philip H. Edwards and Charles E. Selvage. The Legislative Committee reported on several acts by the Legislature, of interest to the medical profession, and on several prosecutions, or investigations, of illegal practitioners. An enlightening item was the record of the votes of Essex County Assemblymen and Senator Colgate on the Chiropractic and Osteopathic bills. Voting for the Chiropractic bill were Assemblymen Berry, Crosby, Scudder, Pilgrim, Johnson, Schoen, Gilbert, DeCamp, Buehler, Silberman and Senator Colgate. The Osteopathic bill, introduced by Crosby, was voted for by Assemblymen Barradale, Berry, Crosby, DeCamp, Gilbert, Johnson, Pilgrim, Scudder, and Silberman. This is a sorry picture of the lack of friends medicine has, even among legislators who are intelligent enough to know the nature of attacks made on medical standards and public good, and who yet are utterly untrustworthy when the test comes. The Tuberculosis Committee, Dr. T. W. Corwin chairman, made a comprehensive report, showing the importance of child-welfare, of general hygiene in home and work-shop, of the purest possible milk, of many new moves in public welfare and social legislation, as forces working with anti-tuberculosis efforts. The Milk Committee, Dr. Henry L. Coit chairman, brought up a suggested outline for municipal milk control which had been submitted in a former report, and which it was suggested should go to every health officer in the county, encouraging the maintenance of high standards for initially clean milk, not depending on pasteurized milk as the only supply for a city. The president, Dr. John F. Hagerty, made the presidential address, the burden of his message being the wrongs to physicians and to our profession which had come with the changes in industrial life with its universal life and indemnity insurance, so that a practitioner is often asked for opinions on accident cases with no appreciation of the cost to him of knowledge and experience which a money-making corporation expects him to give gratis for their benefit, beside free treatment in hospital, a matter which is very different from the humanitarian free service of those unable to pay for it, which it is the pride and honor of the medical profession, as always, to give, and give freely, for the benefit of the patient himself. A strong point was also made of the opportunities constantly presenting of more intimate association in public health activities be-



tween our society and the health boards. This carefully prepared address is herewith enclosed for publication in the Journal. The following nine new members were then elected: Drs. Harriet K. Burnet, East Orange; Jasper Coghlan, E. A. Curtis, Clarence S. Janifer, Michael A. Miele, Carl Wintsch, Newark; Edward Cyphers, Belleville; Albert F. Jackson, Nutley; Melvin M. Hunt.

The president nominated as reporter for the ensuing year Dr. Frank W. Pinneo. A motion that he be elected was unanimously carried. (He was subsequently elected Secretary of the Society and in consequence of the onerous duties that responsible office involves, has resigned as reporter). The president nominated the following annual delegates to the State Society, the basis of representation being 475 members in good standing, and they were elected: Drs. Berardinelli, Bianchi, Bingham, Blackburne, Theodore Bleick, Wm. D. Bleick, Bleyle, Bootay, Bowman, Boyle, Bradford, Bradshaw, Boiran, Broadnax, Broughton, J. A. Brown, Wm. Buerman, Robert Buerman. Election of officers followed. Dr. Edward Staehlin, was elected president; Dr. Ralph H. Hunt, vice-president, dividing the vote with Dr. Coit, also nominated; Dr. Robert H. Rogers, treasurer; Dr. Frank W. Pinneo, secretary. Drs. Harvey and Wrightson were re-elected members of the council. Five scientific meetings during the year were ordered held. The Board of Trade was thanked by resolution for our use of their room for our meetings. The expenses of the secretary of the State Society meeting were ordered paid, as usual. This report of the annual meeting would not be complete without mention of the past year being our centennial and that this event was duly celebrated by a banquet on June 13th, an account of which may be found in the August Journal on page 402. The society is therefore old enough to renew its youth and begin a new century with at least as much devotion to the highest medical interests as our forefathers had when the country and its population were smaller and medical activities were less organized.

The William Pierson Medical Library Association met Tuesday, October 17th, to hear Dr. Louis C. Ager of Brooklyn, on "Infantile Paralysis." This was one of the best papers on the subject which has so much engaged our attention through the past summer, that we have heard. A summary of the statistical facts and some other knowledge of poliomyelitis as the result of the epidemic, now past, has been begun by his reporter but, for lack of some figures not yet received from some health officers, is not ready for publication yet.

The Academy of Medicine meetings began with the meeting of the Pediatric Section Thursday, October 5th, when Dr. A. Zingher of the Willard Parker Hospital, New York, made an address on poliomyelitis; the diagnosis and serum treatment, the latter being his particular work of research.

The Section on Medicine met Tuesday, October 10th. Dr. Ralph H. Hunt read a paper on "Aspects of the Poliomyelitis Epidemic in Retrospect," analyzing the 129 cases he saw in East Orange (53) and neighboring suburbs, and Dr. Arthur Cassilli of the City Hospital staff read a paper on the "Spinal Fluid in Polio-

myelitis." At the stated meeting Wednesday, October 18th, Dr. Harlow Brooks of the University and Bellevue Medical College, N. Y., read a very interesting and thoroughly prepared paper on "Early Signs and Symptoms of Heart Failure," which was listened to with marked attention and was well discussed by many. The knowledge, which is now possible by modern means of diagnosis, of heart functions and organic conditions should prompt every practitioner who handles such cases to make the utmost analysis of conditions present in each case, not overlooking some remote constitutional causes, as well as local signs. The Section on Eye, Ear, Nose and Throat met on Monday, October 23rd. Cases were reported by Drs. Wheeler, Jacobson and Barkhorn. A paper was read by Dr. Dias on "Eye Injuries and the Employer's Liability Act," which was discussed by Drs. Eagleton and Sutphen.

The Department of Pathology of the Newark City Hospital has issued notice to all in the medical profession that every Thursday afternoon from October 1st to June 1st (holidays excepted), a clinical pathological conference will be held at the hospital for the study of cases coming to autopsy and including an analysis of the bedside charts and treatment, medical or surgical, the whole plan being such as that followed by Dr. Cabot in Boston.

The Essex County Anatomical and Pathological Society began the season's monthly meetings on Thursday, October 12th, with the following program:

Hyper-nephroma, Dr. Hagerty; Salivary Calculi, Drs. Haussling and Steiner; Tuberculosis of Kidney; Brain Tumor, Dr. Strasser; Hypopituitarism from Hydrocephalus with Remarks on Internal Secretions, Dr. Eagleton; Fibroblastoma of Leg, Dr. Sutphen; Urethral Strictures with Extravasation of Urine, Hodgkin's Infectious Granuloma, Dr. Sprague; Acute Aleukemic Lymphadenosis; Tri-nitro-toluene Poisoning; Congenital Chondro-dysplasia with Multiple Ostea-chondromata, Dr. Martland; Various Autopsy Material, Drs. Mikels and Cassilli.

The Board of Health Building being now equipped with an auditorium, which is offered for the use of medical meetings which request it. The plan is to hold all these meetings there. The Academy of Medicine and the Pathological Society have removed entirely from the Wiss Building where they have been located.

#### HUNTERDON COUNTY.

Morris H. Leaver, M. D., Reporter.

The annual meeting of the Hunterdon County Medical Society was held in Flemington, October 24th, 1916, with Dr. A. H. Coleman of Clinton, the president, in the chair. Twenty-six members and three visitors were present.

A petition for membership from Dr. Thomas R. Adams of Califon was received and referred to the censors.

Reports of Sections—The chairman of the Section on Surgery, Dr. Sommer, reported an interesting case of arthritis of the shoulder, with a sack full of small cartilaginous bodies.

The chairman of the Section on Practice, Dr. Salmon, made some reports on metabolism, and Dr. Leaver reported a case of dermatitis exfoliativa neonatorum.



Dr. Fulper of Hampton reported twelve cases of anterior poliomyelitis. The youngest case being twenty-one months of age and the oldest being twenty-one years. Two of the patients died; two did not develop paralysis and the other eight are crippled. As the result of his experience Dr. Fulper gives the following "points" on the disease. "All had some temperature, 102 being the average, upon which anti-febrile remedies had no effect. Heavily coated tongue. Obstinate constipation. Two cases had diarrhoea at first but became constipated later. Headache and pain in the back of the neck. They were irritable, excitable and hypersensitive. Muscular weakness from the beginning, with a tremor or twitching of the muscles under the skin, which was aggravated on motion. Paralysis appeared on the average on the third day of the disease. In all the cases except two the paralysis occurred during the first week and in one of those it did not occur until two weeks. One case had a rash resembling measles that lasted twenty-four hours. There was marked spinal rigidity. Some of the cases could be supported by the heels and occiput for some minutes without any downward bowing of the body. Kernig's sign was marked and on attempts to elicit it, caused great pain in the back or hip. Babinsky reflex was marked in some of the cases. He found it impossible to bring the chin in contact with the chest. Attempts to do this gave great pain in the affected leg. The knee jerk was lost. One case showed great pressure upon the spinal fluid in lumbar puncture and in two cases the examination of the spinal fluid was negative as regards excessive globulin content and increased leucocytosis. There were two families in which two cases developed. In one the mother was taken five days after her child began. Most of the families affected had adult visitors from infected localities." The other sections failed to report.

A committee was appointed consisting of president, secretary and Drs. Romine, Best and Salmon, to act with the Red Cross Committee of the American Medical Association.

Dr. Isadore Topkins was elected delegate to the State Society, with Dr. F. S. Grim as alternate. The following were elected delegates to neighboring societies: Warren County, Dr. Jas. A. Betts of Bloomsbury; Somerset County, Dr. F. A. Clark of White House; Mercer County, Dr. Edw. W. Closson of Lambertville; Bucks County, Pa., Dr. Geo. N. Best of Rosemont.

The following officers were elected for the ensuing year: President, Dr. A. D. Gary of Ringoes; first vice-president, Dr. Jas. A. Betts of Bloomsbury; second vice-president, Dr. G. B. Tompkins of Flemington; secretary, Dr. O. H. Sproul of Flemington; treasurer, Dr. Edw. W. Closson of Lambertville; reporter, Dr. M. H. Leaver of Quakertown; censors, Drs. Romine, Best and Salmon. Essayists for the next meeting, Drs. Apgar and Williams, Chairman of Sections: Practice, Dr. L. T. Salmon; Surgery, Dr. Sommer of Trenton; Obstetrics, Dr. Leaver; Pathology, Dr. Romine; Therapeutics, Dr. Best.

It is fifty years since our faithful and efficient secretary, Dr. O. H. Sproul, received his medical degree and for forty-six years he has been secretary of this society. Dr. Salmon in

an eloquent address in behalf of the members presented him with a loving-cup as a slight token of our esteem and appreciation of work well done. Dr. Sproul was rather taken by surprise but made a few well-chosen remarks in acceptance, after which the society adjourned for dinner.

#### MERCER COUNTY.

Irvine F. P. Turner, M. D., Reporter.

The regular monthly meeting of the Mercer County Component Medical Society was held in the Council Chamber of the City Hall, Tuesday evening, October 3rd, 1916, at 8.30 o'clock. Our president, Dr. H. D. Bellis, in the chair.

The subject for the evening was Obstetrics—

1. "Abnormal Presentations," by Dr. E. L. West;
2. "Hemorrhage," by Dr. F. B. Zandt;
3. "Indications for Caesarean Section," by Dr. E. S. Hawke;
4. "Management of Puerperium," by Dr. A. B. Hutchinson.

Dr. Hawke not being in attendance his paper was read by Dr. G. H. Parker. The paper being lengthy, and time limited, very little discussion took place amongst the members present. They were Drs. Bellis, Sicca, Funkhouser, West, Clark, Williams, Scarlet, Parker, Lalor, Barwis, Mackenzie, Zandt, Yazeyian, Shepherd, North, Kirkpatrick, Craythorne, Hutchinson, six invited guests.

Dr. Shepherd addressed the society; his remarks were few but to the point upon the forthcoming banquet and delinquents.

#### MIDDLESEX COUNTY.

Herbert W. Nafey, M. D., Reporter.

The annual meeting of the Middlesex County Medical Society was held at the Mansion House, New Brunswick, October 18, 1916, Dr. F. M. Donohue, president in the chair.

Dr. English read a communication he had received from Miss Emily H. Suydam, field secretary of the N. J. Anti-Tuberculosis League, calling attention to the failure of Middlesex County to provide a hospital for the special care of tuberculous patients as required by law. Dr. Donohue told of the opposition that the board of freeholders had met with, when they purchased two years ago a farm near New Brunswick for that purpose. Protests were received from many residents because the property was located on the watershed from which New Brunswick received its water supply and the danger thereby of the pollution of the water with the tubercle bacilli, and that the erection of the hospital had therefore been dropped for the time. The present status of the situation was discussed by Drs. Meinzer, Donohue, English and Gutmann. They pointed out the difficulty of influencing patients to go to White Haven, Pa., the only available institution to which our Middlesex County patients have access; the distance making it difficult for the relatives and friends of patients to visit them; then the expense to the county per patient at White Haven is greater than it would be in an institution located in our county; that the State paid \$3 per patient per week to counties having a hospital. The result is that patients remain at home often under most unhygienic surroundings, sowing the seed for the spread of the disease among other members of the



household and in the community. On motion the president appointed Drs. Meinzer, Voorhees and Brown as members of a committee to represent this society at the next meeting of the county board of freeholders and they were authorized to secure the co-operation with them of Messrs. Wilsey, Petz and Dennison of the Perth Amboy Board of Health and Dr. Cronk, health officer, with Commissioner Houghton of New Brunswick, in bringing the matter before the freeholders.

The following officers of the society were then elected for the ensuing year: President, Dr. Clarence A. Hofer, Metuchen; vice-president, Dr. Eugene A. Meacham, South Amboy; secretary, Dr. Fred L. Brown, New Brunswick; treasurer, Dr. D. C. English, New Brunswick; reporter, Dr. H. W. Nafey, New Brunswick.

Dr. English called attention to the importance of electing three influential members on the Committee on Legislation to co-operate with the committee of the State Society. On motion the president appointed Drs. A. C. Hunt, W. E. Ramsay and D. C. English as such committee. The following were elected annual delegates to the next meeting of the State Society: Drs. B. Gutmann, F. W. Scott and M. S. Meinzer; Drs. L. P. Runyon, J. L. Lund and F. E. Riva were elected alternate delegates.

On motion, the society voted to accept for membership homeopathic physicians in good standing who have met the requirements of the State Board of Examiners. Dr. Charles V. Hulst of New Brunswick, who had been proposed at a previous meeting, was elected a member, being the first homeopathic physician admitted to membership. The business of the meeting was closed by the adoption of a motion to hold the next monthly meeting at Perth Amboy.

The scientific program was opened by Dr. Benj. Gutmann, who presented reports of two exceedingly interesting cases: One of acute lymphatic leukemia; the other was a case of congenital megacolon or Hirschprung's disease. (For the report of these cases, see Clinical Reports, found elsewhere.—Editor.)

Dr. F. M. Donohue concluded the scientific program by reviving an old custom of the society—the presentation of a paper by the retiring president, and read an able paper on "The Best Treatment of Placenta Praevia." It was discussed by several of the members. (For this paper see under Original Articles.—Editor.)

#### PASSAIC COUNTY.

Orville R. Hagen, M. D., Reporter.

The regular monthly meeting of the Passaic County Medical Society was held in Paterson, September 12, 1916, at 9 P. M. After the usual order of business Dr. C. R. Mitchell presented a clinical case of lupus vulgaris with comment upon the treatment. Next was an address by Prof. J. Bentley Squier, M. D., of the Post-Graduate Medical School of New York City, on "Surgical Operations," illustrated by moving pictures. Several operations were thrown on the screen and the society was unanimous in its opinion that it had witnessed one of the most interesting and instructive exhibitions ever seen. Following this able demon-

stration the society enjoyed a collation as the guests of their president, Dr. Wm. Neer.

#### SALEM COUNTY.

Norman H. Bassett, M. D., Reporter.

The annual meeting of the Salem County Medical Society was held at the Nelson House, Salem, N. J., on Wednesday, October 4th, 1916, at 2 P. M.

As Dr. George Fitch, president, was absent, Dr. William T. Hilliard of Salem was elected president pro tem.

The regular business of the society was carried out and the following members elected to office for the coming year:

President, Dr. J. M. Husted of Woodstown; vice-president, Dr. Henry T. Johnson of Pedricktown; secretary, Dr. John F. Smith of Salem; reporter, Dr. Norman H. Bassett of Salem; Dr. Richard M. A. Davis was elected as delegate to the meeting of the State Society.

The following doctors were elected to membership in the Salem County Medical Society:

Dr. C. L. Fleming of Pennsgrove, Dr. C. L. Lamborn of Pennsgrove, Dr. Harold King of Pennsgrove, Dr. H. S. Bramble of Daretown, Dr. David Green of Salem.

The essayist for the meeting was Dr. T. H. Weisenberg, Professor of Clinical Neurology at the Medico-Chirurgical College, also Chief Neurologist at the Municipal Hospital of Philadelphia. Dr. Weisenberg gave a very interesting and instructive address on poliomyelitis.

#### SOMERSET COUNTY.

Lancelot Ely, M. D., Secretary.

The annual meeting of the Somerset County Medical Society was held in the usual place, the parlors of the Ten Eyck House, Somerville, on October 12, 1916.

A fair number of the members were present and enjoyed hearing the paper read by Dr. Ellis W. Hedges, of Plainfield. The doctor brought before the society a paper that he had written a number of years ago, entitled, "Old Age and How to Reach It." It was full of interesting facts, and was most appropriate for our present consideration.

The following were elected to office for the coming year: President, Dr. F. C. Jones, of Basking Ridge; vice-president, Dr. Thomas H. Flynn, of Somerville; secretary, Dr. Lancelot Ely, of Somerville; treasurer, Dr. R. F. Hege-man, of Somerville; reporter, Dr. J. Hervey Buchanan, North Plainfield; censor, Dr. A. H. Dundon, of North Plainfield. Annual delegate to State Society, Dr. David F. Weeks, of Skillman.

It was a pleasure to have at the meeting the District Councilor, Dr. Wm. A. Clark, of Trenton, who gave a pleasing address.

#### UNION COUNTY.

Russell A. Shirrefs, M. D., Reporter.

The annual meeting of the Union County Medical Society was held in Elizabeth, Octber 11th, 1916, at which about forty members were present. The following officers were elected: President, Dr. J. E. Runnels, Scotch Plains; vice-president, Dr. A. R. Eaton, Jr., Elizabeth; secretary, Dr. Frank Steinke, Elizabeth; treasurer, Dr. George T. Banker, Elizabeth; reporter, Dr. Russell A. Shirrefs, Elizabeth; cen-



sor for three years, Dr. E. W. Hedges of Plainfield.

Annual Delegates to State Convention—Dr. J. H. P. Conover, Elizabeth; Dr. E. B. Luffburrow, Plainfield; Dr. Jos. Funk, Elizabeth; and Dr. Arthur Stern, Elizabeth.

The essayist of the evening was Dr. M. A. Shangle of Elizabeth, the retiring president, who took for his topic, "Infections of the Biliary Tract from a Surgical Standpoint." The subject was handled in an able, comprehensive manner, and was discussed by Drs. S. T. Quinn, E. W. Hedges, E. B. Grier, A. Stern, J. P. Reilly and J. H. P. Conover.

Dr. W. E. Cladek of Rahway reported a case of hematuria in a farmer, age fifty, who had been sick several months. Two days ago the patient voided two round white worms about six inches long in his urine. The doctor presented the worms to the society for identification, which, however, no one was able to determine.

Applications for membership were received from Dr. Irving Lerman of Elizabeth, and Dr. Joseph Mark of Chrome.

The report of the retiring treasurer, Dr. A. R. Eaton, Jr., showed receipts, \$405; expenses, \$384.50, and a balance on hand of \$140.92.

Dr. T. F. Livengood, chairman of the legislative committee, presented the following report:

During the past year all endeavor in the line of medical legislation has been one of obstruction and defense. A fierce but indecisive battle with the osteopaths and chiropracts was fought and left our forces in temporary possession of the battle field. No sooner had our Legislature convened than the osteopaths and chiropracts introduced bills which would give them each a separate State Board of Medical Examiners. Very soon it was apparent that both of these factions—but especially the osteopaths—were well organized; had procured the best available advocates and advisors; had an abundance of funds and a strong support from people of high standing and strong influence. Before the osteopathic bill came to a vote in the House, a committee was appointed to give a hearing to both sides. Dr. Costill, chairman of the State Society Committee on Legislation, sent out an urgent call to the committees of the component county medical societies on legislation to send as many representatives as possible to that hearing, as all would be needed. Your committee takes great pleasure and a pardonable pride in reporting that in response to that call the Union County Medical Society had a delegation present that outnumbered any of the delegations of the other societies, about four to one. Dr. Costill told the chairman of your committee at the time he was about to make his annual report to the State Society that this showing did more to give him courage and to put ginger into his efforts than any one other thing that happened. So far as having any effect on the opinion and report of the committee appointed to give the hearing was concerned, the meeting might as well have adjourned before it was organized. Nothing was plainer to all of us than that hours before the meeting everything was cut and dried for the osteopaths. That very night the bill was voted on by the House and passed. Great was the rejoicing of the osteopaths all over the State,

and in this city their patients were told "the old fogies had at last been defeated." But Dr. Costill had not yet exhausted all of his strategy and his ammunition, and that bill was killed in the Senate.

Pennsylvania has two State Boards of Medical Examiners—a regular and an osteopathic. Having set the precedent, next year they will have a chiropractic board, and so on ad infinitum. Last year no less than twenty-one cults and fads applied to the Legislature of Illinois for separate State Boards of Medical Examiners. One can readily see what a farce this would be, and what a tremendous blow it would deal the high standard of medical education our profession is advocating. It is the opinion of your committee that it will now require years of strenuous labor, shrewd diplomacy and the expenditure of much money to stay this avalanche of ignorance and hypocrisy.

At a meeting of the State Committee on Legislation, held last December in Trenton, to which all the component society committees were invited, the following bills were outlined for that session of the Legislature:

1st, a bill that would give testifying M. D.'s in our courts, exemption from revealing secrets communicated to them by patients as such.

2nd, a bill amending employees' liability law, so as to give the injured employee the right to select his own M. D., and the employer to pay that M. D.

3rd, a bill to amend the criminal practice act so that where death occurs punishment shall be fine and imprisonment, and pending this his license shall be revoked. Owing to the struggle described in the preceding paragraphs, none of these bills were presented to the Legislature, but will probably appear on the calendar at the coming session.

T. F. Livengood, James S. Green, Stephen T. Quinn, committee.

At the conclusion of the meeting a social session was enjoyed at which a luncheon was served.

The poliomyelitis epidemic is fortunately waning, only 8 cases having been reported in the county so far this month (October 16th). From July 16th to date 242 cases occurred, with 56 deaths, the mortality rate being slightly over 23 per cent. 67 cases originated in Elizabeth. At the isolation hospital here, which was under the capable direction of Dr. A. R. Eaton, Jr., 87 cases were treated from this and surrounding towns, with 24 deaths. The epidemic reached its height during the last week in August and the first week in September.

We regret that no reports have been received of the meetings of the Tri-County Medical Society of South Jersey, or of the Tri-County Medical Society of North Jersey. We hope to have them for insertion in the December Journal.

## Local Medical Societies.

### MORRISTOWN MEDICAL CLUB.

By E. Moore Fisher, M. D., Reporter of Morris County Medical Society.

The Morristown Medical Club met at the Mansion House, Morristown, on the evening of



October 4th as the guests of Dr. George H. Foster of Rockaway. Dr. G. A. Becker of Morristown was chairman of the evening. Among the guests present were Drs. Lawrence, Prout, Lamson and Keeney of Summit, Bebout of Stirling, Smalley of Gladstone, Alaban and Alexander of Morristown, Carpenter and Knowles of Boonton, Meigh of Bernardsville and Potter of Newark.

The subject for discussion was anterior-poliomyelitis and the speaker of the evening was Dr. Thomas N. Gray, secretary of the New Jersey State Medical Society, who has been acting as diagnostician of the Newark Board of Health during the recent epidemic. The doctor said that during the present epidemic the principal symptoms had been intestinal; that there was generally a history of marked constipation with a rise of temperature; that intestinal symptoms were noted in 85 per cent. of the cases; that the symptoms referable to the nose and throat had not been marked during the past year. In addition to these there was generally a feeling of lassitude, though in some cases excitement was noticed which occasionally approached delirium. To account for the intestinal symptoms which were often associated with vomiting, a history of over-feeding or indiscretions in diet was often found. In most of the cases there was an increase of temperature before the paralysis, of at least four days, although occasionally it followed within twenty-four hours of the onset of the attack. In describing the symptoms, the doctor referred to the presence of pain when Kernig's sign was elicited; this was much more pronounced in poliomyelitis than in cerebrospinal meningitis; in children who were too young to say that the elicitation of this sign was painful there was a marked look of distress in their facial expression. There is also, generally, a peculiar rigidity of the neck which is so marked that patients cannot flex the head on the neck and when the head was raised the patient might be lifted to the sitting position because of the general stiffness of the muscles which was present; there was frequent pain also in the lower part of the spine; there was usually marked opisthotonos; in fact, all the muscles were in such a state of tension as to give the impression that there was involuntary resistance done for the protection against pain.

The doctor then referred to several types of poliomyelitis: The abortive type, with little rise of temperature, with possibly a vomiting attack, had been followed by no paralysis. In the spinal type there might be a paralysis which lasted a few hours, a few days or a few weeks with partial disability followed by total recovery. There was no muscle or group of muscles which could be said to be usually affected. In the encephalitic type the principal symptoms were in the muscles of deglutition, the voice, face and eyes; the bulbar type having in addition usually the paralysis of the muscles of respiration. Among the cases in Newark, 95 per cent. of all that died had this type of disease. In speaking of the pathology the doctor said that if there was only a small area of inflammation with proliferation of cells recovery was to be expected; where there was a larger amount of proliferation varying degrees of paralysis might remain from which

no recovery was likely. The doctor also referred to what he termed the polyneuritic type which began with a chill, a high temperature and where the person was old enough to complain the symptoms referred to was an aching which was general in character; these cases might easily be mistaken for grippe; these symptoms were confined to 5 per cent. of the cases. The doctor thought the disease was contagious in character and prompt isolation was necessary; he thought also, although it was not proven, in most cases there was a direct contact between a new case and one already suffering from the disease; he felt that the stools might be the means of spreading the infection, that flies either directly or by treading on food sometimes could be blamed; that the disease could be borne through the air by dust containing the excretions of those suffering from the disease.

Nearly everyone present entered into the discussion, many of the physicians citing cases they had observed during the present summer. The fact was referred to that previous to the present epidemic there had been no attempt at isolation and that patients suffering from these diseases had been treated in wards of general hospitals with no danger to those in adjoining beds. It was thought likely that there must be an immunity which was either natural or acquired in most individuals as the number who could become infected was small in proportion to the general population. Dr. Gray replied to all the questions which were asked him, among them being one in reference to the number of instances where more than one case was found in a family. In the findings in Newark and New York City this was said to be only present in about 5 per cent. of the histories and in many of these cases the infection was probably received from the same contact as the disease would appear in several children a day or two apart, which was not long enough for an infection from the first member of the family affected. Various methods of treatment were touched upon but none was given special commendation as with nearly every remedy advocated similar control of cases had recovered without the use of any remedial measures.

#### SUMMIT MEDICAL SOCIETY.

William J. Lamson, M. D., Secretary.

The annual meeting of the Summit Medical Society was held at the Highland Club on Friday, September 29, 1916, at 8.30 P. M., Dr. R. D. Baker entertaining and Dr. R. H. Hamill in the chair.

Present—Drs. Baker, Bebout, Bowles, English, Hamill, Jaquith, Keeney, Krauss, Lamson, Lawrence, Meigh, Pollard, Prout, Smalley and Tweddell, and the following guests: Drs. Bensley, Tator, Reiter, Falvello and O'Reilly of Summit, and Drs. Douglas and Dean of Morristown.

A letter of resignation from Dr. Bramley, on account of removal from Summit, was read by the Secretary, and his resignation was accepted with regret.

Dr. Watson B. Morris was unanimously elected to fill the vacancy caused by Dr. Bramley's resignation.

Dr. F. Tweddell reported that the Babies'

Clinic was in operation and that it was meeting a real need in the community.

Dr. W. J. Lamson was re-elected secretary for the coming year. He announced that there would be an assessment of \$1.00 from each member of the society.

It was decided to hold the annual dinner, which had been postponed, on Friday, October 6th.

Dr. Baker read a paper on "Constipation." He said that the malpositions of the abdominal viscera did not necessarily produce stasis provided that they functionate properly. While a left movable kidney is pathognomonic of a general visceroptosis, yet a mere angulation may not cause any stasis at all. He spoke of the normal antiperistaltic wave which originates in the first part of the transverse colon and flows toward the cecum. If obstruction or irritation occurs in the descending colon the constriction ring, from which this anti-peristaltic wave arises, moves distally along the transverse and descending colon, and the waves become more violent and rapid. The feces may be forced back through the ileo-caecal valve or into the appendix, and thus cause a form of chronic appendicitis in which operation will not relieve the symptoms. The three natural stages in constipation are: 1, irritation; 2, spasticity, and 3, atony.

In discussion, Dr. Bowles said that undoubtedly the pendulum was swinging back to the medical treatment of constipation. Dr. Krauss spoke of constipation in infants, and thought too much insistence was made by mothers that the child should have a stool every day, or oftener. Dr. Prout said that frequent catharsis in neurotics was inadvisable, and that such surgical cases as he had seen had shown only a temporary good effect. Adrenalin, he thought, was good in atonic cases. Dr. Lawrence agreed that there were comparatively few cases in which surgery benefited constipation, but that some cases of adhesions, bands, tumors, etc., were undoubtedly benefited by such means.

Dr. Baker said that each case must be treated individually; some requiring tonic treatment and others sedative. Massage may help to improve the circulation and tonus of the intestines. Much can be accomplished by diet.

Dr. Lamson reported a case of Chronic pneumonia in a three year old child, lasting five weeks, ending in recovery.

#### ANNOUNCEMENT OF MEETINGS.

##### Academy of Medicine of Northern New Jersey.

State meeting Wednesday, November 15, at 8.45 P. M., under the auspices of the Section on Surgery.

After regular business, election of members: Drs. C. V. Craster, Newark; E. L. Minard, East Orange. Amendment to by-law, Art. XV., Sec. 1.

Paper by Prof. Fred H. Albee. Title, "Experience in War Surgery in France," demonstrated by moving pictures.

Section on Pediatrics, Thursday, November 2, at 8.45 P. M. Report of cases. Paper on "Proper Treatment and Care of Poliomyelitis Patients," by Dr. Henry W. Frauenthal, New

York City. Discussion opened by Dr. H. S. Martland.—Relation of Pathology of Poliomyelitis to Treatment; Dr. S. A. Twinch, Orthopedic Treatment of Poliomyelitis. Demonstration of pathological material in relation to poliomyelitis, from the Newark City Hospital.

Section on Medicine, Tuesday, November 14, at 8.45 P. M. Papers: "Typhoid and Paratyphoid": (a), Bacteriological differentiation, by Dr. Henry A. Tarbell; (b) Symptomatology, by Dr. Charles E. Teeter; (c), With the Troops on the Border, by Dr. William O'G. Cunby.

Section on Eye, Ear, Nose and Throat, Monday, November 27, at 8.45 P. M.

Reports of Cases: (a) Carcinoma of Middle Ear and External Canal, by Dr. Robert C. Potter; (b), Glaucoma with Extensive Chemosis Due to Sarcoma of the Choroid, Dr. William M. Brien.

Paper: "Eye and Ear Operation work in India," by Dr. Charles Vail, Miraj, India. Discussion opened by Drs. F. C. Jacobson and E. S. Sherman.

#### New Jersey Sanitary Association.

The Forty-second annual meeting will be held in the Laurel-in-the-Pines Hotel, Lakewood, December 8th and 9th. The first session will be held Friday, the 8th, at 11.30 A. M.

The full program has not been announced but in addition to the President's Address by Dr. George E. McLaughlin, of Jersey City, the following subjects will be presented.

"Protective Inoculation," by Dr. John F. Anderson.

"Infantile Paralysis," by Dr. Simon Flexner.

Symposium on Eugenics: Biological Aspect by Prof. Conklin of Princeton; Sanitary, Dr. Harlow Brooks of New York; Professional, Dr. Henry H. Goddard of Vineland; Social, Judge William Speer, Jersey City.

How to Secure the Passage of Proper Sanitary Laws, by Judge Carey of Jersey City.

Influence of Women's Clubs on Health Work, by Mrs. Lillian J. Stockton, president of the N. J. Federation.

A Plea for the Education of Health Employees, probably by Prof. G. C. Whipple of Harvard University.

Publicity as an Aid to Sanitation, by Dr. Alexander Freeman of the U. S. Public Health Service.

A paper on Water Supplies by M. R. Sherrerd, of Newark.

**Alvarenga Prize.**—The College of Physicians of Philadelphia announces that the next award of the Alvarenga prize, amounting to \$250, will be made on July 14, 1917, provided that an essay deemed by the committee on award to be worthy of the prize shall have been offered. Essays intended for competition may be upon any subject in medicine, but must not have been published. They must be type-written, in English or accompanied by a translation, and must be in the hands of the secretary of the college on or before May 1, 1917. Further particulars may be obtained from Dr. Francis R. Packard, secretary, College of Physicians, 19 South Twenty-second street, Philadelphia.



# THE JOURNAL

OF THE

## Medical Society of New Jersey

NOVEMBER, 1916

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,  
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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### VERY IMPORTANT.

We call the attention of our members now to the fact that their annual dues to the State Society should be paid not later than January 1, 1917, and urge them to be prompt in paying—as soon as they receive their bills from their county society's treasurer. This will save him and also the State Society's secretary and treasurer time and expense that they should not be asked to give.

On page 636 we give the report of the Hunterdon County Medical Society meeting held October 25th, and we are glad to know that on that occasion our greatly-esteemed Fellow, Dr. O. H. Sproul, was presented with a silver loving-cup in honor of the semi-centennial of his graduation from the University of Pennsylvania Medical Department and the completion of forty-six years' service as secretary of the Hunterdon County Medical Society. We offer not only the editor's but we are sure that we express our entire membership's congratulations to Dr. Sproul, for he is worthy of generous commendation for his faithful services.

It is with the profoundest regret that we are compelled to part with the services of the able and most faithful Reporter of the Essex County Medical Society—Dr. Frank Wilcox Pinneo, who has served in that capacity since the Journal was first issued in 1904. We have had many faithful re-

porters, but none who have served so long, or more acceptably than Dr. Pinneo and we know we express the universal regret of our readers that this month's Journal contains his last report, but we shall expect to receive valuable contributions from him, though he has ceased to serve in the office of reporter. We congratulate him and the Essex County Society on his election as secretary of that society, the onerous duties of which have compelled him to resign as reporter. Our loss is that society's gain, as he will prove a worthy successor of Dr. R. H. Hunt, whose faithfulness has led to his promotion as the society's vice-president.

### WHY LOCAL BOARDS OF HEALTH FAIL.

The October issue of *Public Health News*, issued by the State Department of Health, has an excellent article in with the above caption which in the main confirms the views expressed in the editorial in our October Journal. It says: "That quite a large proportion of the local boards of health in the 500 sanitary districts in New Jersey fail to do what may be classed as good public health work is not to be doubted; nor is this condition of affairs peculiar to New Jersey." We take no comfort from the argument that they all do it, or fail to do. New Jersey is one of the earliest pioneers in organized health work and we want to see her continue as a leader. We commend heartily the following paragraph in the *News* editorial which expresses our only reason for noting deficiencies in the work of health boards: "But why talk about failures? It is only by knowing where the pitfalls lie that they may be avoided. The wrong path must be known to be shunned. Failures in public health work must be recognized if successes are to take their place. The parading of the Failures is therefore, a necessary step in securing improvement."

Again, the *News* says: "In a few instances local health officials are so negligent of their plain duties under the law as to be actually guilty of malfeasance in office." It then proceeds to show some of the sore spots in local health administration, pointing to some of the causes of failures, under the following headings: 1. Local Board Members Lack Interest in Health Work; 2. Board Members Lack Knowledge of Health Work; 3. Many Local Health Boards Fail to Appoint Trained Executives; 4. Part-time Executives Fail; 5. Political Expediency Too Great a Factor; 6. Local

Board Members Lack Courage; 7. Local Boards Lack Funds for Health Work; 8. Territorial Jurisdiction Insufficient to Permit the Most Effective Work; 9. Local Boards Acting Independently Lack Co-ordination; 10. Local Boards Lack the Support of Public Opinion.

We believe these causes of failure are correctly stated and we are positive in the conviction that the removal of these causes will give us ideal health administration. Certainly, partisan politics should be entirely eliminated; only intelligent physicians and laymen should be appointed on health boards; trained executives are essential for best work and they should be secured—New York, Massachusetts, Maryland and Pennsylvania have competent State supervisors directing their health work; and the public should be educated to understand that this work means not only saving of human lives and conserving the health of our citizens, but also the saving of millions upon millions of dollars of the State's financial resources.

### OUR SOCIETY'S GOLFERS.

New Jersey Medical Society members we believe are the first to organize a State Society Golf Association, an account of which we give below. We believe it is calculated to increase the attendance at our Society's annual meetings and to add largely to the social features of our meetings. It is expected that the golf association will meet the day before the Society's sessions begin and probably hold tournament plays a day or two after the Society adjourns. Of course, its members will avoid tournaments that interfere with their attendance at the Society's meetings. We wish the new association great success.

#### New Jersey State Medical Society Golf Ass'n.

At the annual meeting, the summer of 1916, at Asbury Park, the members of the association who were golfers, decided to form an organization known as the New Jersey State Medical Society Golf Association. The following committee was elected. Dr. Henry A. Cotton of Trenton, chairman; Dr. Emery Marvel of Atlantic City, Dr. Walter S. Washington of Newark, Dr. Christopher C. Beling of Newark, and Dr. Stephen T. Quinn of Elizabeth.

The first annual fall tournament was played October 11th, 1916, at the Trenton Country Club, Trenton, N. J. The tournament play in the morning was 18 holes, handicap medal play which was won by Dr. H. Norton Wilson with the score of Out 52, In 46, total 98, handicap 25 and net 73. Second prize was won by Dr. Benj. V. D. Hedges with the score of Out 48, In 48, total 96, handicap 22 and net 74.

Twenty-four men took part in the morning tournament. The following are their scores:

Doctors	Out	In	Total	H'dicap	Net
Wilson .....	52	46	98	25	73
Hedges .....	48	48	96	22	74
Livingood .....	52	48	100	25	75
Shangle .....	47	43	90	15	75
Sullivan .....	46	48	94	15	79
Conover .....	51	53	104	25	79
Marvel .....	44	48	92	13	79
Scammell .....	46	50	96	17	79
Kerns .....	56	50	106	26	80
Cotton .....	48	46	94	14	80
Saulsberry .....	46	48	94	13	81
Davidson .....	57	55	112	30	82
Hagerty .....	50	48	98	14	84
Eaton .....	56	46	102	18	84
Funkhouser .....	62	54	116	30	86
Quinn .....	51	54	105	18	87
Cook .....	59	56	115	27	88
Adams .....	51	54	105	15	90
Ackley .....	63	54	117	26	91
Sherman .....	53	53	106	13	93
Hawke .....	62	62	124	30	96
Marcy .....	62	55	117	20	97
Reddan .....	53	68	125	30	105
Ellis .....	65	73	138	30	108

The afternoon tournament was a partnership, best ball forsome which was won by Drs. Kerns and Scammell, Out 42, In 45, total 87, handicap 15, net 72. Ten pairs played in the afternoon tournament and the following are their scores:

Doctors	Out	In	T'al	H'd'p	Net
Kerns & Scammell ..	42	45	87	15	72
Cotton & Sullivan ...	41	43	84	11	73
Wilson & Hedges ...	45	46	91	18	73
Conover & Shangle ..	46	44	90	15	75
Marvel & Reddan ...	51	40	91	16	75
Cook & Hagerty ...	48	42	90	15	75
Saulsberry & Marcy ..	44	46	90	13	76
Adams & Sherman ...	51	43	94	14	80
Quinn & Livingood ..	48	49	97	16	81
Davidson & Clark ...	55	55	110	23	87

The prize for the lowest score for the day was won by Dr. Henry A. Cotton, score 89. Dr. Shangle won the second prize, score 90.

The next tournament will be held during the summer at the time of the meeting of the Medical Society. All those wishing to participate will please send their names to the committee so that they can have a full list.

We acknowledge, with thanks to the author, the receipt of "A Memorial and Tribute of Esteem to Dr. Frank D. Gray," by Dr. Gordon K. Dickinson of Jersey City. It is a beautiful and just tribute to our former president.

We have received a beautiful jubilee souvenir issued by Parke, Davis & Co. of Detroit, in commemoration of the fiftieth anniversary of the firm which occurs on the 26th day of October. It gives a history of the house from 1866 to 1916, with a large number of pictures of the leaders of the past and present and of their buildings in the leading cities. We extend our congratulations.



## PREVENTION OF ABORTION.

Congress has voted an appropriation of \$50,000 for the investigation and control of abortion—but it is a disease of cattle and not of man that is to be investigated and controlled, and the undertaking is under the direction of the Bureau of Animal Industry. Why not appropriate \$50,000 for the investigation and control of abortion among human beings, and let the Public Health Service do the work? There is certainly every year a sufficient number of undesired and unplanned abortions, and a sufficient number of desired and planned abortions which would never be consummated, were the possible consequences known, to justify such an effort.—*Journal of the American Association.*

The September number of the *Journal of the Medical Society of New Jersey* contains the proceedings of the sesqui-centennial of the State Society—the oldest State medical association in this country. The Medical Society of New Jersey had its origin in Middlesex County, July 23, 1766. The celebration of this unique event in medical circles was fittingly observed with speeches, historical sketches and other proceedings, all being adequately presented in the *Journal*. The next oldest societies are the Massachusetts State Medical Society and the Connecticut State Medical Society—Missouri State *Journal*.

Few physicians and surgeons can afford to try to get along without the financial boost that membership in the organized profession affords, and these few are just the ones who prize membership for social and professional reasons. The live man in any profession likes to rub elbows with the better men of his kind. The laity are beginning to appreciate this truth and to realize that the doctor who does "not need to attend medical meetings" is in the great majority of cases not the one to cope with emergencies. The really great practitioner is the one who is glad to give much to his professional brethren for the satisfaction of helping those who are willing to learn.

Obstacles are generally helps, not hindrances.

Many people owe the grandeur of their lives to their tremendous difficulties.—Spurgeon.

A man should never be ashamed to own that he has been in the wrong, which is but saying in other words that he is wiser to-day than he was yesterday.

## MISCELLANEOUS ITEMS.

**Five Babies in Seven Months.**—Mrs. Julius Cojenski of Greenwich, Conn., is reported to have established a record in having given birth to triplets and seven months later to twins. None of the children have survived. Although only twenty-seven years old, the woman is said to have been the mother of thirteen children, of whom only five are living.

**Sterilization by Law.**—Sterilization operations have been performed on thirty inmates of the State Home for Feeble-minded, Chippewa Falls, Wisconsin, by Dr. Alfred W. Wilmarth, head of that institution, under the direction of the State board of control and in accordance with the law passed by the Legislature in 1913, providing for such operations.

**Prescribing Proprietaries.**—Having a patient, who I thought needed the attention of a "specialist," I sent her to a city doctor. While under his care, she presented seven prescriptions at intervals furnished by this distinguished gentleman. All seven prescriptions were for "proprietary remedies." I asked a friend how he accounted for this, and whether he thought that the doctor was getting a "rake-off" or was in any way financially interested in the combines. His reply was, "He is wealthy and above reproach." How do you account then? "Downright laziness," was his laconic reply. Too indolent to write a prescription.—J. W. Crenshaw, M. D., Kentucky Med. Jour., September, 1915.

**Physician Wins Malpractice Suit.**—A suit against Dr. A. M. Wilkinson of Charlevoix, Michigan, to recover for alleged improper treatment of a severe burn of the hands of a 17 months old child, was tried in the circuit court last week and after three days, the jury brought in a verdict "no cause of action." This is the second time suit has been brought against Dr. Wilkinson in this case. The first was entered in the name of the father, but the plaintiff's expert refused to testify; the second was instituted in the name of the child with the father as the next friend.

## To Attack Christian Science.

The New York County Medical Society, through the Comitia Minora, has determined to conduct a State-wide campaign for the elimination from the public health law of that section under which, by a recent ruling of the Court of Appeals, Christian Scientists may claim the right to practise.

## The Physician the True Christian Scientist.

During the past six months 216 surgeons have been wounded, 119 killed and 130 missing in the German army, while 260 surgeons have been wounded, 90 killed and 460 missing in the French army; the proportion in the other armies doubtless equals these numbers, a sad record indeed, and a glorious testimony to the heroic and patriotic devotion of men, who amid shot and shell, have calmly done their duty without the excitement of combat to render them oblivious to danger. The Iron Cross has



been conferred on over 2,700 medical officers for acts of heroism in attending the wounded under fire.—John B. Murphy, in Medical Pickwick.

**The Nurse's Training.**—We cannot say what proportion of nurses, otherwise well qualified fail because not trained in proper lines of conduct for so serious and important a duty as the scientific and ethical care of the sick and injured. A nurse should have high ideals. It is probably true that the long hours of menial service and drudgery in a hospital often blunts the finer instincts of the pupil nurse, and the harsh treatment sometimes received in private homes, creates a feeling of indifference. Nevertheless, public opinion is gradually remedying these things, and nothing will do more to bring about a higher appreciation of the value of nurse service than the dignity and self respect of the nurse herself.

—Exchange.

## Editorials from Medical Journals

### The Etiology of Infantile Paralysis—Chiropractically Speaking.

From the A. M. A. Journal.

Chiropractic, as "The Journal" has remarked before, is a freak offshot from osteopathy—an illegitimate offspring of a plebeian cult of aristocratic aspirations. To the chiropractor all diseases are but manifestations of vertebral subluxations. Whether you suffer from soft corns or hardening of the liver the chiropractor finds the cause of your condition in your backbone. Through a some what skilfully managed press bureau the "science" and "art" of chiropractic has made a noise altogether disproportionate to its importance. A physician sends us a recent advertisement published in an Indiana county newspaper under the title, "Infant Paralysis; What Is Said About It by the Chiropractors":

"Amid so much excitement that is uncertain as to the real cause of infant paralysis, there is no mistaking the fact that there is a legitimate cause for the malady."

Here the chiropractic delivers a stinging rebuke to those misguided souls who believe the cause of acute poliomyelitis to be illegitimate! Continuing:

"This disease is caused by a vertebral subluxation, usually the atlas, but may be located any where in the spine which impinges either the spinal cord or nerves leading to it and thus produces inflammation of the anterior horns of the gray matter."

Could anything be simpler? Yes, the remedy! Should your child show symptoms of poliomyelitis—but let the chiropractors speak:

"If it is found they (children) are suffering from any spinal defect a competent chiropractor should be called, for only through spinal adjustments can the fault be corrected. Restoration through Chiropractic adjustments is astonishingly rapid when given in the acute or early stages."

Aside from the smile that this example of the cock-surness of ignorance may provoke there is a certain sardonic humor in this state of affairs. The public gives to individuals who have neither elementary education nor tech-

nical training the right to diagnose and treat human ailments. As a result quacks, charlatans and self-deluded ignoramuses take their toll of life and health—and the public pays the bill.

### Educational Hygiene.

From American Medicine.

Educational hygiene has too long been confined to a consideration of the physical environment of the school. The important problems relating to school management, the health of the teacher, the hygiene of methods and the physical constitution of the pupils have been seriously neglected in this country. The entire movement may be said to be less than twenty years old, although medical inspection of schools was instituted in Boston in 1895.

From the standpoint of preventive medicine, no movement is fraught with greater significance than this general realization of the importance of maintaining health and of conserving the potential resources latent in the school population. The hearty support of the medical profession is naturally given to educational matters pertaining to the public health. To this new point of view will be accorded the most active sympathy and support, not merely of health officers and sanitarians but of the rank and file of the profession interested in conquering disease and in preventing physical defects and disorders hampering the full development of the children and workers of the nation.

### Ohio State Medical Board and the Nurse-Anesthetist.

From the Amer. Jour. of Surgery.

At the recent meeting of the Interstate Association of Anesthetists in Louisville, Ky., July 26, the following motion was adopted unanimously:

"That the Association, through its officers, the official journal and its individual members, bring to a definite end the administration of anesthetics by unlicensed persons in every State of the Middle West in which such an action can be secured."

In consonance with this determination, a petition in this respect, signed by prominent physicians, surgeons and anesthetists throughout Ohio, was presented to the Ohio State Board and at its meeting, August 9, the Board adopted the following resolution:

"Whereas it has been charged in a petition, signed by many well-known and reputable physicians, that the law regarding the administration of anesthetics by others than licensed physicians, has been systematically violated by the Lakeside Hospital, Cleveland, Ohio, and that courses in anesthesia are given nurses in Lakeside Hospital for the purpose of and with the intent to violate the above-mentioned law.

"Be It Resolved, That until charges are disproven and such courses, if given, discontinued, that all recognition of the Lakeside Hospital as an acceptable training school be withheld and recognition of its graduates as registered nurses be denied."

If this action on the part of the Ohio State Medical Board to abolish the nurse-anesthetist abuse, does not suffice, the Interstate Association will present evidence to the Board warranting prosecution under the law.



### We Talk Too Much.

From the Kansas Medical Journal.

Silent men are frequently given credit for wisdom which they do not possess. Garrulous individuals very frequently disclose more ignorance than wisdom. The happy medium, if there is one, rarely finds an appreciative audience. There are times when most of us realize that we have talked too much.

Dr. Goitsome proudly confided to the very agreeable gentleman caller that he was doing the largest business in town, that he had cashed in \$10,000 last year, and that he was doing better this year, and when the very agreeable caller presented him with a blank for a statement of his income and reminded him that he had failed to pay the Federal income tax last year, then Dr. Goitsome realized that he had talked too much.

Dr. Gettamany, in all confidence, of course, told the very affable, soldierly-looking young doctor, who was "just looking around," that he had attended twenty obsterical cases last month, and when the affable young doctor informed him that he was from the State Board of Health and that he had better get busy and make up about nineteen more birth reports, then Dr. Gettamany realized that he had talked too much.

The Chicago exponent of practical euthanasia hoped to gain the applause of the world by a public demonstration of one of the means of race improvement, and when the newspapers have tired of featuring him, the fanatics exhausted their vocabularies in lambasting him, and the doctors are through ridiculing him, he will begin to recall that he has talked too much.

As a rule men talk too much about themselves and women talk too much about other women. Doctors may do neither with credit or safety to themselves.

If one satisfies the inquisitiveness of the friends of his patients by retailing their afflictions or the nature of their operations he erects a barrier against further consultations, be these patients or their friends. Most people resent even such limited publicity. They insist upon copyright privileges on stories of their own misfortunes, and preserve them for the delectation of their intimates.

When Mrs. Stroph-Anthus is informed, in the strictest confidence, by the popular Dr. Hightone that Mrs. Piper-Azine has the lumbago, she is convinced that, in like manner, Mrs. Piper-Azine may learn of her sore leg, and the sore leg is carried to some less popular and more discreet medico who is able to resist the wily inquisitiveness of her feminine compatriots.

If one must talk, let him talk about his history, or literature or art. If one's ignorance upon these subjects is detected, if not too crass he will be excused on the ground that he is so completely engrossed with his professional studies. If his ignorance is not detected he will be credited as having a wonderful intellect, great broadness of mind, and a comprehensive knowledge of everything. Being a great student, as shown by his knowledge of these things, it will follow, in the minds of his friends, that his knowledge of medicine must therefore be very profound.

## Therapeutic Notes.

### Gargle for Fetid Breath.

Salol  
Salicylic acid, aa, 3 grs.  
Saccharin, 8 grs.  
Vanilli, 1½ grs.  
Alcohol (60 per cent.), 3 1-3 ozs.

M. Sig.—A small teaspoonful in a glass of hot water five or six times a day.—*Journal des Sciences Medicales de Bordeaux.*

### Herpes Zoster.

Cocaine hydrochloratis, gr v  
Vaselini,  
Lanolini, aa, 3ss.

M. Ft. unguentum. Sig. Cover the diseased part with a thin layer of the ointment, then apply a suitable bandage.

### Pernicious Anemia.

The following combinations have been recommended in pernicious anemia:

Arseni trioxidi, gr. i  
Ferri reducti, 5iss  
Ext. nucis vom., gr. x  
Extr. taraxaci, q. s.  
Div. in pil No. XXX.

One pill after each meal with a glass of water.

Arseni trioxidi, gr. i  
Quininae sulphat, gr. xl  
Mass. Ferri carbonat, 3i

Div. in pil. No. xl.

Sig. One or two pills three times a day.

### Pruritus Ani.

Acid salycilic, gr. xx.  
Pulv. hydrastis, gr. x.  
Menthol, gr. x.  
Bals. Peru, dram 1.  
Petrolatum, oz. ii.

Mix. Apply after bathing the parts morning and evening.

### Thiersch's Solution.

Salicylic acid, 1 gram.  
Boric acid, 5 grams.  
Distilled water to make 1 pint.

Dissolve. This is a mild antiseptic solution and has many and varied uses. It has also the advantage of being inexpensive.

### Water Itch.

Sulph. subl., drams vi.  
Bals. Peru, drams iv.  
Betanaphthol, drams ii.  
Benzoinated lard and petrolatum, aa, q. s., ounces iv.

M. Sig.—Apply after a good wash.

**Simplest Cure for Scurvy.**—Fruit juices, orange or prune, are the time-honored remedy for infantile scurvy, but the white potato has proved just as efficacious and within the reach of the poorest family. The proportion generally used is one tablespoonful of mashed potato to one pint of water, and added to the twenty-four hours' feeding of milk in place of the usual cereal diluent. The potato should be pared very thin and an average-sized potato

when mashed covers the amount needed. The mashed potato can be added to the water in which it is boiled and thus all of the vitamins conserved.

**Treatment of Eclampsia.**—Drs. Knipe and Donnelly show excellent results and a lower mortality rate by the use of the following treatment than by any radical operative measures: Lavage of the stomach; 2 oz. of castor oil given through the stomach tube; 20 to 30 minutes' sweat in the sweat cabinet; hypodermic of morphia,  $\frac{1}{2}$  gr. is given if convulsions are violent or frequent; hypodermoclysis after the first sweat followed by proctoclysis midway between subsequent sweats; venesection if systolic blood pressure is over 180 and more particularly if the diastolic pressure is high; an initial dose of veratrum viride (10 minims) followed by nitroglycerine 1/100 gr. at four-hour intervals. Puncture of membranes if pregnant or in labor and abstention from any operative interference to hasten delivery, which was found to spontaneously terminate in from eight to ten hours from the institution of treatment.—*American Journal of Obstetrics.*

#### Whooping Cough; Vaccine Treatment.

Dr. Gerstenberger, in the *Amer. Jour. Disease of Children*, reports on the results of the vaccine treatment of whooping cough with a vaccine of the etiologic organism. The results were generally successful; superior to those obtained from drugs. He emphasizes the importance of early diagnosis and the value of prophylactic inoculation. The action of the vaccine is most marked during the catarrhal period of disease. Spasmodic cough was relieved and general suffering lessened.

Do not forget the value of camphorated oil in the treatment of pneumonia. Inject it hypodermically when heart shows signs of flagging. It is safe and effective.

Arbutin, the active principle of *uva ursi*, is one of our best urinary antiseptics and toners of the mucosa of the urinary tract. Give  $\frac{1}{2}$  to 1 grain several times a day.

Potassium bichromate in very small, frequent doses has a singular soothing effect on an inflamed throat; let the granule dissolve on the tongue.

Calceidin in small doses every fifteen minutes, in a spoonful of very hot water, usually dissipates an acute sore throat if taken early enough.

Aconitine dissipates an acute pharyngitis by opening the blood vessels and letting the blood flow out and decongest the affected tract.

Atropine dissipates an acute catarrh by dilating the capillaries generally and pulling the blood out of the engorged area.

Guaiacol is an excellent application to the chest in pneumonia and bronchitis. Reduce to 25 per cent. strength with lard or olive oil. Better still, add an equal quantity of methyl

salicylate and stiffen the ointment with lanolin.—*Critics and Guide.*

Painting a limited moist patch of eczema with a solution of nitrate of silver often promptly cures the disease.

For fissure in ano apply a solution of 5 to 10 grains of nitrate of silver to an ounce of water, repeating the application 3 to 4 times a day.

Whenever there is danger of metastasis from mumps either to the mammary glands or to the testicles, apply a hot mustard poultice over the parotid gland and put the patient to bed for a few hours. The inflammation will be attracted to its original site and there remain, and will abate with proper treatment.

## Hospitals; Sanatoria.

### Asbury Park Hospital.

The item in the *October Journal*, page 593, was inserted as it appeared in a newspaper and contained some errors. The following correction has been received:

"The Asbury Park Hospital, Incorporated, has nothing to do with the campaign to raise \$75,000. The several doctors mentioned in the *Journal's* article have nothing to do with the Asbury Park Hospital, Incorporated. The Asbury Park Hospital, Incorporated, purchased land on Comstock street and Asbury avenue, with a frontage of 300 feet on Comstock street, and will erect thereon a building sufficient for the needs of the City of Asbury Park. The medical director of the Asbury Park Hospital, Incorporated, which has for six or seven years been operating an out-patient department on Springwood avenue, this city, is Dr. John Taylor of Asbury Park. The medical staff consists of Dr. John Taylor, Dr. William Robinson, Dr. John Bariscillo and Dr. W. P. Havens. There has been considerable misunderstanding as to who has purchased the lots on Comstock street and Asbury avenue, and who will build the hospital in Asbury Park."

### Bonnie Burn Sanatorium.

Dr. J. E. Runnells, superintendent of the sanatorium, reports for September as follows:

In the sanatorium September 1, 113 patients—73 men and 40 women; admitted during the month—incipient case, 1; moderately advanced, 4; far advanced, 10; total, 15. Average daily enrolment, 110. Eighteen patients were discharged during the month.

### Psychopathic Pavilion at City Hospital, Newark.

Dr. Christopher C. Beling recently urged the erection of a psychopathic pavilion at the City Hospital, as the detention wards are greatly overcrowded. Dr. Beling, who is in charge of that division, said it would cost about \$150,000 and referred to institutions in other cities where such cases receive attention and study.

"Under present conditions," declared Dr. Beling, "the City Hospital is taking care of every sort of mental disorder. The dangerous phase of this situation is the herding of all these women and men, in two wards hardly



fit for any hospital service. Acute alcoholics, drug habitues and the feeble-minded are placed in the same room with a man or woman suffering slight mental derangement from fever due to injury or illness. If patients become unruly in other wards they are transferred to the psychopathic ward, where they come in contact with the insane. Epileptics or feeble-minded persons found in the city are turned over to us until the State Home at Vineland is ready to receive them. "The pavilion," continued Dr. Beling, "should be a three or four story building, with separate wards for each class of the insane. Alcoholics and the temporarily deranged then could be treated in different divisions. Such a building ought to handle from sixty to eighty patients."

#### Sunny Rest Sanatorium at Ancora.

This sanatorium was erected by Camden County in 1914 and was opened for patients October 10, that year. It cost with the nurses' home about \$100,000. A few patients from adjoining counties, that have no sanatoria of their own are received at the per capita cost, treatment being free to Camden County patients. Dr. Paul H. Markley, Camden, is superintendent and Dr. E. A. Y. Schellenger is president of the Board of Managers.

The first annual report covering the period from October 10, 1914, to December 31, 1915, shows: 237 patients admitted—150 male, 87 female; 2 incipient cases, 89 moderately advanced, 142 far advanced, 4 bone tuberculosis cases. 199 patients were discharged, classified: 3 arrested, 9 quiescent, 50 improved, 59 unimproved, 78 died. The oldest patient admitted was 86 years of age, the youngest 8 years, the average 36 years; average duration of stay 86 days. Number of patients remaining December 31, 1915, was 46. The capacity

of the sanatorium is 75 patients. The State pays the sanatorium three dollars per capita for the Camden County patients per week. The sanatorium has received \$10,953.69 from the counties outside of Camden for their patients who have been admitted and cared for. The administrative expenses were \$11,898.92. (We are glad to insert below a cut of this institution. The picture of its superintendent—Dr. R. H. Markley—will be found on page 295, June Journal.—Editor.)

**Hospital-Home for Children with Inherited Syphilis.**—It was Professor Welander of Stockholm who first organized a special asylum for children with congenital syphilis, where they could be kept for three or four years and given thorough treatment. His Lilla Hemmat was opened in 1900 with accommodations for five children. In 1910 another was opened, equipped for fifty or sixty children. The institutions have proved extremely successful, not only in improving the lot of the children by thorough treatment in a hygienic environment, but by preventing their infecting others. A similar "home" was organized at Copenhagen in 1905, with places for ten children; one in Christiania, equipped for fifteen, and in 1909 a similar institution was opened at Berlin. In 1913, under the initiative of Professor Ehlers, it was decided to organize a larger home of the kind at Copenhagen, and seventy committees throughout the land collected funds for it and the opening occurred recently. It is arranged to care for fifty-two children at a time and represents an expenditure of 3,000 kroner (\$804) per bed, the grounds having been donated by the city. In his opening address, Ehlers made a plea for the State to assume the support at the "Welanderhjemmet" of children unable to pay their way.



Sunny Rest Sanatorium, Ancora, Camden County, N. J.



### Overlook Hospital, Summit.

A decision just handed down by the Court of Appeals of New York sustains the will of Smith Ely, former Mayor of New York, so far as it concerns a bequest of \$50,000 to Overlook Hospital of Summit. The contest over this part of the will has been going on about four years, and for the hospital was financed by Dr. William H. Lawrence, Jr., who owned the institution before it was bought by the public two years ago. It costs Dr. Lawrence \$10,000 in legal fees, but he will be reimbursed by the Overlook Hospital Association, in whose name the institution stands.

## Marriages.

FLOOD-SCHERMERHORN.—At New Hope, Pa., October 18, 1916, Dr. John Flood of the State Hospital Medical staff, Trenton, to Miss Rose Schermerhorn of New Hope.

GRIESEMER-CRANE.—In New York City, October 5, 1916, Dr. Zadoc Lawrence Griesemer, of Roselle, N. J., to Miss Sara L. Crane, of New York.

KELLER—SHOENTHAL.—At Orange, N. J., October 12, 1916, Dr. Sidney C. Keller, of Newark, to Miss Emily Adeline Shoenthal, of Orange.

POTTER-KUHN.—In Elizabeth, N. J., October 14, 1916, Dr. Howard W. Potter to Miss Gladys Louise Kuhn, both of Elizabeth.

## Deaths.

DUBOIS.—In Camden, N. J., October 28, 1916, Dr. William G. DuBois, one of the oldest homeopathic practitioners in Camden, from uremia, aged 57 years.

KEENAN.—At Elizabeth, N. J., September 18, 1916, Dr. Josiah Herbert Keenan, who graduated from the New York University Medical College in 1895.

MAGIE.—At Princeton, N. J., October 3, 1916, Dr. David Magie, formerly of New York City, aged 75 years.

Dr. Magie graduated from Princeton College in 1859 and from the College of Physicians and Surgeons, New York. He practiced in New York City many years, retiring in 1901 and thereafter lived in Princeton.

### IN MEMORIAM.

John W. Ward, M. D.

At a meeting of the Somerset County Medical Society held October 12, 1916, the following resolution was unanimously adopted:

"It was with sorrow that the members of the Somerset County Medical Society learned of the death of Dr. John W. Ward on August 24, 1916. Dr. Ward was an honorary member of this society and a personal friend of many of its members. His was a genial, kindly and gentlemanly disposition. We record with pleasure the interest he took in the transac-

tions of this society. We feel the loss of a friend and greatly miss him at our meetings.

"We hereby express our loss and extend to his family our heartfelt sympathy.

"Be It Further Resolved: That this minute be published in the Journal of the Medical Society of New Jersey, a copy spread upon our minutes and also to his family."

A. L. Stillwell, C. R. P. Fisher, Lancelot, Ely, Committee.

## Personal Notes.

Dr. J. Hervey Buchanan, North Plainfield, attended the annual meeting of the Knights of the Golden Eagle at Atlantic City last month. He was elected vice-president of the newly-organized "Past Grand Chiefs' Association of the Grand Castle of New Jersey."

Dr. A. Schuyler Clark, New York, member of the Middlesex County Society, has removed his offices to 350 Park avenue, corner 52nd street, New York City.

Dr. John W. Clarke, Lyndhurst, and wife, spent a few days last month at Niagara Falls.

Dr. G. Wyckoff Cummins, Belvidere, was elected president of the Warren County Sunday-school Association last month.

Dr. Wellington Campbell, Short Hills, recently returned from an automobile trip through the Berkshires.

Drs. G. K. Dickinson, Jersey City, W. E. Darnall and Emery Marvel, Atlantic City, Edward J. and Charles L. Ill, Newark, and A. A. Strasser, Arlington, attended the annual meeting of the American Association of Obstetricians, and Gynecologists, at Indianapolis last month. Dr. Charles L. Ill was elected 2nd vice-president for the ensuing year.

Dr. Charles H. Jennings, Merchantville, and wife returned last month from their sojourn in Florida.

Dr. George H. Lathrope, Morristown, and wife are receiving congratulations on the birth of a daughter.

Dr. William Martin, Atlantic City, was elected first vice-president of the American Electrotherapeutic Association at the recent annual meeting.

Dr. Willis C. Noble, Montclair, returned last month from Clifton Springs, N. Y.

Dr. Peter J. Zeglio, North Plainfield, recently returned from a hunting trip in Nova Scotia.

Dr. Bonn W. Hoagland Woodbridge, and wife returned recently from a visit to Montreal.

Dr. Louis K. Henschell, Greystone Park, spent a few days in New York City last month. The doctor has an excellent illustrated article in the October Psychogram on "Music and Its Value in the Treatment of the Insane."

Dr. Martin S. Meinzer, Perth Amboy, returned last month from his summer vacation spent in Maine.

Dr. A. B. Reader, Camden, who has been quite ill, is regaining strength in Florida.

Dr. Martin W. Reddan, Trenton, was recently elected vice-president of the Trenton Welfare Association.

Dr. Martin J. Synnott, Montclair, was elected secretary of the American Association of Immunologists in May.

Dr. George H. Taylor, Maplewood, addressed the Wyoming Home and School Association of



Millburn recently on medical inspection and the school nurse.

Dr. Charles M. Williams, Washington, read a paper on "Pre-tubercular Conditions and Their Remedies," at the recent meeting of the Tri-County Medical Society in October.

Dr. Fred B. Zandt, Hamilton Square, and wife, visited relatives at Jamesburg last month.

Dr. William E. Darnall, Atlantic City read a paper at the annual meeting of Obstetricians and Gynecologists' Association on the "Relation of So-called Ether Pneumonia to Pelvice and Abdominal Surgery."

Dr. J. Irving Fort, Newark, and wife spent a few days last month at Atlantic City.

Dr. William H. Iszard, Camden, was recently called to Cleveland, Ohio, by the severe illness of his daughter.

Dr. Arthur L. Smith, New Brunswick, was recently called to Michigan by the severe illness of his wife's mother.

## Medico-Legal Items.

**Employment by Corporation.**—The manager of a manufacturing company, who was accustomed to consult the directors individually about the affairs, no formal meetings being held, employed a physician to treat an injured employee, and therefore consulted individually a majority of the directors in relation to the employment. No objections were interposed by any of the directors as to what the manager had done, and the latter again directed the physician to proceed with the treatment. It was held, in an action against the company for the physician's services, that there was a ratification by the company of the manager's original contract with the physician, since directors may bind their corporation by acting separately if that is their usual practice.—*Indiana Die-Casting Development Co., Indiana Supreme Court, 111 N. E. 16.*

### Degree of Care and Skill Required.

The Georgia Civil Code, 1910, section 4427, lays down the rule that: "A person professing to practice surgery or the administering of medicine for a compensation must bring to the exercise of his profession a reasonable degree of care and skill. Any injury resulting from a want of such care and skill will be a tort for which a recovery may be had." The Georgia Supreme Court says that this briefly states the standard by which the conduct of a person claimed to have been guilty of malpractice may be tested. In determining the question of reasonable care and skill by a surgeon the jury may consider the place of operation, the circumstances surrounding it, the situation of the defendant with respect to the operation, and all the facts and circumstances which may be shown by the evidence and which may throw light on the ultimate question: Did the defendant, or did he not, use reasonable care and skill in the performance of the operation? If expert evidence is introduced tending to show the recognized method of performing an operation, or the manner in which it should be performed, it may be considered along with other evidence throwing light on the question. The

court preferred the standard required by the code to comparison with an "average" surgeon. And in formulating a charge to the jury it thought it best not to state that the skill of a surgeon includes an ability to perform the operation in an "approved" way. It might raise a question in the minds of the jury as to the meaning of the word "approved" and as to by whom the approval should be made. The court referred to an excerpt from an opinion in a prior case, copied from Taylor's Medical Jurisprudence, to the effect that surgeons should keep up with the latest advances in medical science, and use the latest and most approved methods and appliances, having regard to the general practice of the profession in the locality where they practise. The court thought this quotation was more suited to the reasoning of an opinion than to a charge to a jury, especially in the absence of evidence as to any late advances in medical science, or late and improved methods and appliances in such use.—*Pace v. Cochran, Georgia Supreme Court, 86 S. E. 934.*

**Correctness of X-Ray Photographs.**—The Iowa Supreme Court holds that the rule as to the identification of photographs, diagrams, maps and other illustrative evidence, in case of personal injury, is properly extended to skiagraphs, or pictures obtained by X-ray process; that is to say, they are sufficiently identified by the testimony of experts who took them and surgeons who saw them taken. In an action for damages for broken legs, an objection that there was no showing that such skiagraphs were correct representations of the plaintiff's legs at the time they were taken was overruled. In one sense of the word, the Court said no such identification is possible. A skiagraph is a picture of a state of condition of things which is not visible to the naked eye, and its correctness is, at best, a conclusion. Owing to its novelty, the courts were for a time somewhat slow to admit a skiagraph in evidence, except upon quite minute preliminary proof of its scientific accuracy, but its use has become so common and the general correctness of its representations has been so fully proved by investigation, that the above rule has now been very generally adopted.—*Ingebretsen v. Minneapolis & St. Louis N. Co. (Iowa), 155 N. W. 327.*

### MEDICAL EXAMININGBOARDS' REPORTS.

	Examined	Passed	Failed
Arkansas, May*	21	17	4
Louisiana, June	60	52	8
Michigan, June	74	72	2
Minnesota, April	3	3	0
Mississippi, June	55	30	25
Missouri, June	126	117	9
New York, May	59	47	12
Rhode Island, July	13	10	3
Texas, June	92	80	12
Utah, January	2	2	0
Utah, April	3	3	0

\*Arkansas Eclectic Medical Board.

**Two Years' Residence Required.**—The Ohio State Board of Medical Examiners now requires that all physicians who seek to register in that State through reciprocity must have resided

and practiced at least two years in the State in which they hold their certificate. Several other States now require this.

**New Entrance Requirements.** — The Ohio State University, College of Medicine, announces that beginning in September, 1917, its entrance requirements will be increased to include as a minimum the sixty semester hours of premedical work as required for the science medical course. The Bachelor of Science degree will be conferred on completion of the second year in medicine and the degree of Doctor of Medicine at the end of the fourth year in medicine.

#### Medical Education Statistics for 1916.

"The A. M. A. Journal" of August 19, 1916, contains statistics of medical colleges, students and graduates for the year ending June 30, 1916. There were 14,022 students studying medicine this year, 869 less than in 1915. These are divided into 13,121 in the non-sectarian colleges, 638 in the homeopathic colleges and 263 in the eclectic colleges. There were 3,518 medical graduates this year, 18 less than in 1915, and 76 less than were graduated in 1914. The nonsectarian colleges had 3,274; the homeopathic had 166 and the eclectic had 78. This is the lowest number of graduates since 1890.

There are two colleges less than in 1915, the total now being 95, consisting of 82 nonsectarian, 10 homeopathic and 3 eclectic colleges. Since 1914, 94 medical schools have been closed, 53 of which were merged into other medical schools and 41 became extinct. During the same time twenty-seven new colleges were organized, making a net reduction of 67 colleges. This reduction in the number of schools is not restricting the opportunities of students to study medicine but is insuring them a better training. The large oversupply of medical schools in this country is giving way to a more normal supply of better equipped colleges. Of the 94 colleges which closed, 69 had been rated in Classes B and C by the A. M. A. Council on Medical Education. A large majority of these closed, therefore, were inferior colleges.

Statistics show that college terms are being gradually lengthened. In 1901, 100 colleges had annual sessions of only 23 to 28 weeks each. Now no college has so short a session and about 93 per cent. have sessions of from 31 to 36 weeks. Of the 95 existing colleges, 84, or over 88 per cent. now require one or more years work in a college of liberal arts for admission, and several others have announced the higher requirement to take effect in 1917. Of this number, 46 require for admission two or more years of collegiate work; in 1904 only 4 colleges required any collegiate work for admission. Thirty-three State licensing boards have established the requirement for preliminary education of one or two years of premedical collegiate preparation, thereby supporting the better class of colleges which have adopted that standard. Of the 3,518 medical graduates in 1916, 948, or 26.9 per cent., were also graduates of colleges of liberal arts, as compared with 15.3 per cent. in 1910. This shows a decided improvement in the qualifications of those who are to practice medicine.

## Public Health Items.

Sanitary instruction is even more important than sanitary legislation!

**Scientists Have Figured** that about 36,000,000 babies are born each year, or at a rate of about 70 a minute.—Exchange.

**Typhoid Carriers.** — The Department of Health of Brooklyn, N. Y., has discovered thirty-five carriers of typhoid fever, most of whom are adults.

#### Do You Know That

Health first is the highest form of safety first?

Tuberculosis and poverty go hand in hand?

The breast-fed baby has the best chance?

Physical fitness is preparedness against disease?

Pneumonia is a communicable disease?

Cockroaches may carry disease?

The hand that carries food to the mouth can also carry disease germs?

The U. S. Public Health Service will send a booklet on flies and disease, gratis to all applicants?

What is meant by a "living wage?"

What is the connection between low wages and healthy bodies?

What is the connection between healthy bodies and healthy morals?

Do you know that the babies of the poor die at three times the rate of the babies of fairly well-to-do homes?

Do you know that between one-half and two-thirds of the families of wage-earners in the United States are living below the standards of decent subsistence?

**Cost of Disease.**—At one of the meetings of the American Chemical Society, held last week in New York, it was stated that this country is losing close to one billion dollars a year through preventable occupational diseases, in spite of the growing movement in the direction of better working conditions. A paper by Dr. W. A. Lynott of the Federal Bureau of Mines contained statistics showing that every worker in the United States loses an average of nine days' work a year through occupational diseases that could be prevented by the use of proper machinery and through sanitation.

#### Saving the Babies.

Some people assert that the chief reason for the ill-health and death of so many babies is the ignorance of the mothers. Well, the mothers are not altogether to blame.

It must be remembered that all through a girl's life very little is taught about the care of children. That is the root of the trouble. Not ignorance exactly, but the lack of opportunity to learn what she should know.

We all know that the babies of to-day are to be the citizens of to-morrow. If they do not have the opportunity of growing up well and strong, they will not be the best citizens. The babies born to-day do not only belong to



their parents. They belong to the country, and the responsibilities of the nation will one day rest on them.

There is a mistaken idea that the "instinct" of motherhood will teach a mother how to care for her baby, and this is certainly a fallacy. Women do possess the maternal "instinct," some in greater, some in lesser degree, but it is strengthened by knowledge, and without knowledge it is often of very little use in the proper care of the child.

That a child likes a certain food is often taken by some mothers as a sure indication that it is good for him, and meat and fish and bananas have been given to babies a few months' old. And then the mother has wondered why her baby pined away and died.

What can be done to combat this state of affairs? We say that the mothers should take better care of their babies, but how can they if they don't know how. We do not realize the worry and the striving and the heart-breaks that go on in many a poor home where the mother has had no chance to learn anything, and where the income is so pitifully small as to discourage even an attempt to do better.

There is urgent need of change in all these matters. Better housing, purer food, better laws, a more practical education for both boys and girls.—Grace Goodhouse in the Camden Courier.

**1915 a Healthy Year.**—A preliminary report of the Director of the Bureau of the Census gives the death rate for 1915 as 13.5 per 1,000 of population in the registration area of the United States. This is the lowest rate on record. The rate is based on 909,155 deaths returned from 25 States, in one of which (North Carolina) only municipalities of 1,000 population and over in 1910 were included, the District of Columbia, and 41 cities in non-registration States, the total population of this area in 1915 being estimated at 67,337,000, or 67.1 per cent. of the total estimated population of the United States. In 1914 the death rate per 1,000 of population was 13.6; and in 1913 it was 14.1; while for the five year periods from 1901 to 1905, and from 1906 to 1910, the average rates were 16.2 and 15.1 respectively. In New York State the death rate for 1915 was 14.6, as compared with 14.7 for 1914, and 15.0 for 1913. In New York City, with an estimated population on July 1, 1915, of 5,468,190, the death rate for the year was 13.9, as compared with 14.1 in 1914, 14.3 in 1913, and 19.0 as the average for the five-year period from 1901 to 1905.

#### Prevention of Abortion.

Congress has voted an appropriation of \$50,000 for the investigation and control of abortion—but it is a disease of cattle and not of man that is to be investigated and controlled, and the undertaking is under the direction of the Bureau of Animal Industry. Why not appropriate \$50,000 for the investigation and control of abortion among human beings, and let the Public Health Service do the work? There is certainly every year a sufficient number of undesired and unplanned abortions, and a sufficient number of desired and planned abortions which would never be consummated,

were the possible consequences known, to justify such an effort.—A. M. A. Jour.

**The Diagnosis of Venereal Diseases.**—A recent report from the laboratory of the New York City Health Department shows the work that is being done in the examination of specimens from cases of suspected venereal infection during the first quarter of 1916. During this period there were 13,419 complement fixation tests for syphilis, of which 3,730 were positive and 8,042 negative, 1,112 doubtful, and 535 specimens received were not examined. There were 2,711 complement fixation tests made for gonorrhea, of which 248 were positive, 1,841 negative, 281 doubtful, and 341 received no examination. The specimens examined microscopically for gonorrhea numbered 2,055, of which 321 were positive, 1,220 negative, 410 doubtful, and 104 specimens received were not examined. The large number of negative reports indicates that physicians are taking advantage of the facilities the department offers in the way of diagnosis.

**The Cost of Drugs.**—It is estimated that \$500,000,000 are expended for drugs in this country, most of which are self-administered. Into the delicately adjusted machinery of the human body is yearly poured at least 75,000,000 pounds of drugs and chemicals, haphazard, with no real knowledge on the part of the users of what the mess is going to do to that machinery. We have cold cures, headache cures, consumption cures, cancer cures, liver pills, kidney cures, spring tonics, blood purifiers, ague cures, rheumatism cures, cures for everything except the credulity and physical neglect that make possible this enormous expenditure for drugs that are in the vast majority of cases useless when they are not harmful. Since 1880, the expenditure per capita for patent remedies consumed in the United States has risen from 33 cents to \$1.54.—Health Letter, Life Extension Institute.

#### State Department of Health Report.

The Public Health News for October giving the morbidity and mortality for August, contains the following items:

Of the 4,197 deaths reported as occurring in the State for August, representing an increase of 747 over the previous month, 4,041 were of residents and 156 of non-residents, giving a resident death rate of 16.43 for the month as compared with 13.69 for the previous month and 13.43 for August, 1915. Infantile paralysis is given as the chief factor in this high death rate. The outbreak of infantile paralysis in New Jersey reached its crest in August, during which month the disease seems to have been the most important single cause of sickness and death in the State. A total of 2,114 cases and 597 resident deaths and 14 non-resident deaths from this cause were reported to the State Department of Health for the month. This number of cases is more than three times the number (640) reported for July, and perhaps about twice the number likely to be reported for September.

Of the 888 deaths of babies under 1 year of age only 75 were due to infantile paralysis, leaving 813 as due to other causes, as compared with 917 deaths under 1 year for Au-

gust, 1915. Of the 745 deaths of children between 1 and 5 years of age, 358 were due to infantile paralysis and 387, or more than half the total, were due to other causes. The fatality rate of infantile paralysis, or the percentage of reported cases proving fatal, was 28 for August, the same as for July. By age periods the fatality rate was 38 for ages under 1 year, 26 from 1 and 4 years inclusive, 29 from 5 to 9 years inclusive, and 37 for all ages over 10.

Cases of infantile paralysis were reported from each county in the State. Out of a total of 2,114 cases reported, Essex County reported 1,002, or almost half; Hudson reported 316; Monmouth, 123; Union, 116; Middlesex, 103; Bergen, 95; Camden, 68; Passaic, 59; Morris, 52; Mercer, 39; Atlantic, 24; Hunterdon, 22; Salem and Somerset each 18; Burlington, 15; Cape May, 12; Gloucester, 11; Sussex, 9; Ocean, 5; Cumberland, 4, and Warren, 3.

The number of cases of typhoid fever reported for August were more than twice those reported for July, the numbers being 287 and 125 respectively. Deaths from typhoid were 23 as compared with 12 for August, 1915, and an average of 15 for the past 12 months.

## Book Reviews.

**Blood Pressure—Its Clinical Applications**—Geo. W. Norris, A. B. M. D., Published by Lea & Febiger, Philadelphia.

The author has treated the subject of blood pressure most exhaustively in all of its various phases, both from the laboratory and the clinical aspect.

The first chapter dealing with its physiology consumes 57 pages of the entire 412.

Under the discussion of the instrumental estimation of blood pressure the graphic palpatory and auscultatory methods are described and a plea is made for the latter method because of its "simplicity, celerity and accuracy in clinical work," especially in the determination of the diastolic pressure which has of late assumed much greater relative importance.

The author lays great stress upon the importance of the diastolic estimation, especially in certain diseases. The various instruments for estimating blood pressure are well illustrated and minutely described. The mercurial column, compressed air and aneroid instruments are compared (and the advantages and disadvantages of each are well stated.) We are in hearty accord with his impartial discussion of the relative advantages of the different methods in which he states that for experimental work, where above all the greatest accuracy is desired, the graphic method excels. For routine clinical work where simplicity and celerity, combined with reasonable accuracy are the chief desiderata the auscultatory method is to be preferred. The older palpatory method is less desirable because it offers more chance for error due to the difficulty in determining the diastolic pressure. Furthermore, with the auscultatory method, any accurate monometer will answer the purpose. A fact which once for all solves our former difficulty in weighing the relative merits of the various instruments on the mar-

ket when choosing a sphygmomanometer for bedside use. The clinical aspect of the blood pressure reading, in the various diseases, together with the relative value of the procedure is covered in a most exhaustive and systematic manner. Although an enthusiast, the author does not fail to impress his readers with the fact, that while blood pressure observation is of the greatest value in a small number of pathological states in many diseases, it has comparatively little value and is most disappointing. For example, in his chapter on "Aortic Lesions," he says: "Excluding the conspicuous findings of aortic insufficiency and cardio-renal hypertension sphygmomanometric readings often are of discouragingly little clinical value, although a normal systolic associated with high diastolic pressure is very suggestive of cardio-vascular disease."

We should be in hearty accord with his plea for routine readings during anesthesia as a means towards the early recognition of impending shock. Again, if his advice given in his summary under the paragraph on pregnancy were more universally followed, eclampsia would undoubtedly enter into the group of rare diseases. Francis R. Haussling.

**Medical and Surgical Reports of the Episcopal Hospital, Philadelphia, Pa., 1915.**

This excellent volume is made up of contributions from twenty-five members of the staff, representing work done in the various departments of the hospital, most of the articles having been read at meetings of the Episcopal Hospital Clinical Society. The range of subjects covered is a fairly wide one and many interesting medical and surgical problems are considered. The superintendent's report is interesting, showing a reduction in total number of patients treated in 1915, as compared with 1914, but a foot note informs us that "this is largely due to the institution on January 1, 1915, of a system of charges to all patients able to pay," Which is, we think, as it should be. Among the articles of special interest is one on Congenital Syphilis with a report of a case, by John Paul Jones, showing the value of modern laboratory methods of diagnosis and treatment and, too, of intelligent and persistent effort in a seemingly hopeless case. The value of Functional Kidney tests in Medical Conditions. Piersol, showing the possibility of determining the variety of Nephritis and the probable duration and outcome is of great practical value. A number of articles, mostly from the pen of Dr. A. P. C. Ashurst, on Fractures of Limbs and into Joints and methods of preventing disability and deformities and of correction of the latter shows the great interest now being taken in this class of injuries and the splendid results to be obtained. The report of the Dental and Oral Surgical Department shows excellent work having been done and illustrates the great value to a general surgical service of men well qualified to treat injuries and diseases about the throat and face. The reviewer was well repaid for the time spent in reading the various articles and was especially impressed by the value to a hospital of a Clinical Society where the work of the various departments is so well presented.

John F. Hagerty, M. D.



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## PRESIDENT'S ADDRESS.

Delivered at the Annual Meeting of the Essex  
County Medical Society, Oct. 3rd, 1916.

By JOHN F. HAGERTY, M. D.  
Newark, N. J.

Let me at the outset express my thanks for the honor of having been elected your presiding officer during the past year. To have been chosen from among so many to the presidency of such a large and influential organization is an honor not to be lightly regarded and your speaker wishes to assure you that he appreciates having received such honor.

Our society has now been so long and so well organized and watched over so carefully by its officers and council that there is little chance for innovation or modification of its various lines of work. The committees already established are sufficient to consider and pass upon questions affecting the policy of the society and the interests of its various members and so the work of the presiding officer has become one of honor and pleasure—and gratitude to those who have preceded him for having effected such a splendid organization.

Your president has often felt that a society as large and cosmopolitan as ours and comprising, as it does, influential men from various parts of the county, should exert a greater influence than it does, in matters pertaining to the health and physical well-being of the people and that a closer relationship should exist between the boards of health and this society of representative medical men. And yet there are in communities of any size, regularly constituted bodies having control of sanitation and related questions and as with the law—there are plenty of statutes on the books to se-

cure order if properly enforced, so there are enough societies interested in healthful modes of living with power to secure such conditions. There must be, however, among us, some whose training and bent inclines them to a greater interest in public questions than the majority and those so inclined can add to the influence and prestige of the county society by writing and speaking and lending their counsel to questions of this kind.

I wish to call your attention briefly to a subject which of late years has been forcing itself more and more upon my attention and doubtless, too, upon that of the profession at large. Because of the changed conditions of life in cities, accidents and injuries of various kinds are occurring with increasing frequency, and with the liability to injury or to being prosecuted for damage as a result, people are availing themselves, more and more, of the protection afforded by insurance companies. As a result of all this, requests for help and information and demands upon our time have become very numerous and too often such work is but lightly regarded and not thought worthy of compensation. On matters of this kind I think the profession should be agreed. Requests from insurance companies for corroborative evidence in cases of death and from casualty companies in cases of accident or injury to those insured by them, should be furnished only when satisfactorily recompensed by such companies. Of the latter class too the feeling prevails among hospital physicians, and rightly too, I think, that gratuitous services should not be afforded them. It has been a fairly common experience for patients of this class to receive treatment, gratuitously, for severe injuries, extending over a long period of time and often demanding the highest degree of technical skill, subsequently to receive substantial

sums from casualty companies or through suits in court. Those in attendance on such cases are fully justified in demanding pay for such services and in doing so we are not forgetting for a moment that medicine has been and always will be a philanthropic work. It is not that we are becoming less charitable, it is against the abuse of charity that we would speak. No other profession gives of its time and services so freely; other professions indeed, without any of the anxiety or sacrifice of time and skill, are the ones to receive benefit from these cases. There will always be those whose suffering and poverty entitles them to the best that is in us and happily there will never be found wanting those willing to afford relief.

From time to time your officers are appealed to, by younger members of the profession as a rule, to abate or control the work of illegal practitioners and we wish to assure you of the earnest desire of the council to give heed to all such complaints. And indeed this should be done.

Physicians are urged to join the county society on the assurance that not only will they thus merit the respect and good fellowship of the profession at large but also for protection against those not legally qualified who are encroaching or poaching upon the field of honestly qualified and acting practitioners. But "the wheels of the Gods grind slowly" and your council and committee would bespeak the patience of those who may have complained and thought them dilatory or heedless of such complaints. An earnest effort is being made and is likely to succeed whereby the State Board of Medical Examiners will have the power to revoke licenses of any one who has been convicted of a crime or misdemeanor. It will not be necessary then to resort to long court proceedings to prove the illegality of the action of such men. Not having the right to practice, any attempt to do so will render them amenable to the law. It is the feeling of your president, shared I am sure by every one of you, that a criminal or felon has no place in the ranks of the medical profession. Ours is one of the noblest of professions and while always one of the most exacting of callings, it is constantly being made more and more so. The requirements for entrance into colleges, the length of time and courses of study and requirements for graduation have been made harder and harder and with the increase in the number of hospitals, growth of specialties and

the tendency towards communism or desire of cities to care for their sick, the difficulty of securing and maintaining a livelihood in medicine is becoming more and more difficult. Your speaker has now been interested in the study and practice of medicine fully a quarter of a century and is often forcibly reminded of the changed position which physicians occupy, especially in cities of large size. I recall with great pleasure the impression gained by the attitude of the people towards the physician with whom I had the privilege of studying medicine. Nor was the relationship peculiar to him but prevailed everywhere at that time, and the family physician, general practitioner if you will, was held in the highest esteem. Not only was he respected for his professional attainments but in all matters concerning the interests of his community, his opinions and counsel were sought after and given great respect. Now-a-days, because of the more general diffusion of knowledge formerly thought proper only for those engaged in scientific work, the individual practitioner has not quite the fullness of dignity nor honor nor influence in the community that he formerly had. His word formerly unquestioned, now needs corroboration, his ideas must be sustained by argument and his income while relatively larger is actually smaller considering the time and expense needed in preparation and the vastly increased cost of living and maintaining his position.

In spite of all this what a source of satisfaction and gratification that so few lose heart, become discouraged and adopt the easy way, resorting to questionable methods or becoming flagrantly unprofessional. Nothing has impressed me more during my term of office than to learn that there are many who are struggling and yet remain true to their ideals when, by yielding to the temptations of dishonest practitioners, they might reap a rich pecuniary reward.

It is not my intention or wish to draw a gloomy picture of the practice of medicine. On the contrary because of the wonderful advances being made in our art, in the methods of diagnosis, in the ever-broadening fields of surgical endeavor, in anticipation of the revolutionary methods of treatment when the exact cause of many of the infectious diseases becomes known as they surely will and sera and antitoxins and even vaccines to prevent shall have become common property; with the profound satisfaction that must come with a more ex-



act knowledge of the cause and prevention of disease, with the improvements in management of hospitals, laboratories and training schools, the privilege which is ours of being enlisted in a work so ancient and honorable, so progressive and humanitarian, should and will always prove alluring enough to attract men with ideals and aspirations who will be well repaid by the satisfaction of performing well their work and serving their fellow men.

### REED'S BACILLUS OF EPILEPSY.

BY A. J. HINKELMANN,  
Galesburg, Ill.

Director, Galesburg Laboratory.

Through the work of Reed,\* the question of a specific organism as the exciting cause of the seizures of Epilepsy has been set forth. Having previously worked from a different basis with an organism I believe is the same as the one isolated by Reed, and having since the appearance of his articles, succeeded in finding the organism in the blood of an isolated case of epilepsy, I am in a position to add a few facts to what Reed has already said. I am sure this will be of further aid to the profession in the direction of reaching final conclusions as to the significance of the organism.

#### METHOD OF INVASION OF THE HUMAN SYSTEM.

Under this head, Reed has made very clear the point that the organism is evidently taken into the intestinal tract by way of the mouth, and enters the blood through a cecal or an appendiceal focus, and leaves the question open as to the danger of communication. What would be the consequence in case the organism was ingested by a normal individual, and to what extent may those with predisposing lesions expect to escape infection?

From a basis of experiments I conducted during the summer of 1915, and before I had any knowledge of the pathology of the organism, it may be stated that it is a very frequent inhabitant of the intestinal tract of probably the majority of people. My conclusions at the time of my experiments were that it is one of the regular members of the so-called intestinal bacteria.

My interest in the organism was its high resistance to germicidal agents, and through this fact it becomes an easy matter to dem-

onstrate its presence in the intestinal flora and also that it is commonly present. It will live in phenol solutions of from 5 to 10 per cent. for many hours and a much higher strength is necessary to kill it instantly. Among the very large number of different species of bacteria that are usually found in the intestines, it is commonly the only one that will survive a thorough treatment of the stool with a 5 or 10 per cent. phenol solution.

My method of isolation was as follows: From 25 to 30 grams of solid feces were made into an emulsion with 50 c.c. of a 5 per cent. solution of phenol and allowed to stand for 30 minutes or an hour; cultures were made on agar slants and incubated. I have never made such cultures from the stools of epileptics with the view of noting how numerous the organism is present, but in normal individual, a loopful of the above emulsion spread over an agar slant will yield from 1 to 6 colonies after twenty-four hours of incubation.

The organism is highly haemolytic, and to this last fact may be due a part of the pathological conditions present in epileptics. Cultures made on blood agar plates will show a haemolytic spot at the point of a growing colony long before the colony itself becomes visible. In the case that came under my observation, I found it abundantly present in the capillaries, and both the spores and the organism could easily be demonstrated in smears from the blood directly.

#### CONCLUSION.

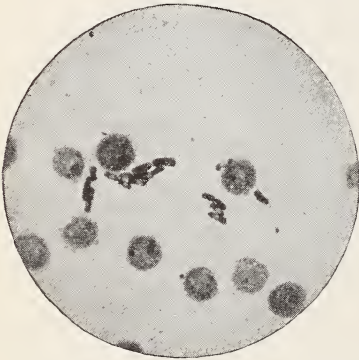
In view of the fact that the organism does enter the circulation and there multiplies into great numbers and is so generally found in the blood of epileptics, the conclusions of Reed as to its specific nature become at least very plausible. It would be hard to conceive that an organism with such a high haemolytic property could enter the circulation and multiply to such numbers as smear preparations from the blood indicate without producing diseased conditions within and resulting in corresponding clinical manifestations without.

At any rate, what has already been established in regard to the organism makes the question one most worthy of serious consideration and extensive investigation. The universal presence of the organism in the intestinal flora is no argument against its probable pathology, but simply adds to the importance of the gateway through which it enters the blood stream, in consideration of the question of treatment.

\*Reed, Charles A. L.—Journal of the American Medical Association, January 29, and May 20, 1916—to whom we are indebted for cut on page 656.—Editor.

If further investigation should finally establish that the *BACILLUS EPILEPTICUS* is the exciting cause of the seizures of this disease, little probably can be hoped for in the way of prophylaxis or cure through efforts to prevent the organism from entering the intestinal tract or to eradicate it when present. The best attention probably will have to be directed toward those lesions which open the way for it from the intestines into the circulation.—New York Medical Journal.

## LEGEND.



*Bacillus epilepticus* directly in blood smear from an epileptic patient five hours after seizure.

## AN ANALYSIS OF SCHOOL ROOM LIGHTING.\*

BY F. LAURENT GODINEZ,

Consulting Lighting Specialist and Contributing Editor to Architecture and Building.

Jersey City, N. J.

The object of this paper is to indicate the deficiencies of school room lighting, and to show how these deficiencies may be remedied. A word of explanation, regarding the motives which prompted this investigation is appropriate. During the past fifteen years the author, as a pioneer lighting specialist, has encountered in his practise innumerable problems peculiar to the artificial lighting of interiors devoted to educational purposes. Up to, and including the year 1910 these records had been preserved with the intent of publishing them in book form, when an unexpected denouement, prohibited such procedure, and postponed the publication of this data indefinitely. The occurrence alluded to, was a request made to the author by several hundred represen-

tative architects in this country, who desired an authoritative expression regarding the entire subject of school room lighting, and who were prepared to defray the expenses of such an investigation. They contended that it was impossible for them to obtain information other than the commercial literature of manufacturers, and this was characterized as "incomplete, inadequate, and in many instances misleading." The architect is obsessed with a multitude of details and has no time to consider other than *prima facie* evidence. The practise of turning over the lighting problem, to illuminating engineers proved unsatisfactory, on account of their affiliation with the manufacturing element, and otherwise because the architects considered the subject of artificial light, involving as it does, complex physiological, psychological, utilitarian, and esthetic problems, too difficult for the engineer to contend with successfully, principally on account of the narrowing and restraining influences of his technical education. For these and many other reasons, it was decided to conduct an exhaustive research regarding the subject of school-room lighting, and this was done, the author being retained for the purpose. This analysis has extended through a period of five years, and has involved an exhaustive consideration of over four thousand individual problems related exclusively to school-room lighting. The complete results are not for publication, being intended solely for the files of those architects whose desire for accurate data prompted them to promote and finance the undertaking, but the author has obtained their consent to present herewith many hitherto unrecognized functions of artificial light of unmistakable significance.

### ILLUMINANTS.

To begin at the beginning we must start with the source of light, or the illuminant itself, including gas and electricity. Regarding electric lamps they have been constantly improved since the invention of the first electric lamp by Sawyer and Mann in 1879, in the sense that the energy cost has decreased, and the light input increased, which is the manner in which their efficiency is measured. Unfortunately the brightness of electric lamps has exceeded the limit of ocular safety several hundred times, yet we look in vain for legislative action regulating this danger which is increasing with each successive illuminant improvement. When we consider that the human eye has become adapted to a brightness of source not exceeding 8 c.p. per

\* A Paper presented at the Second Annual Meeting of the New Jersey State Association of Medical Inspection and School Hygiene, Newark, May 20th, 1916.



square inch from exposed light sources for centuries, and that to-day it is subjected to brightnesses far in excess of 3,000 candle power per square inch from illuminants with concentrated filaments and gas-filled bulbs, the tremendous prosperity of oculists and the predominance of tinted eye glasses ceases to be a mystery. The least which any manufacturer of electric illuminants could do for the benefit of humanity would be to print upon the carton enclosing each lamp a warning admonishing against the use of bare, glaring bulbs in the visual field. In justice it must be said that the manufacturers of standard gas lighting equipment have presented their product to the public in a form which meets every physiological requirement. In a paper before the Sanitary Association of New Jersey, I presented the physiological aspects involved, and a resolution was drafted for presentation to the State Legislature. There is need of such legislative enactment, and an utter lack of definite and complete regulations for the proper lighting of school buildings in every State in the United States. Even the first electric lamps whose rays were quite tolerable to the eye compared with what we have to-day invoked the ire of Robert Louis Stevenson 35 years ago, when in commenting upon the unshaded electric lamp at the "Figaro" office in Paris, he wrote:

"In Paris at the Figaro office, a new sort of urban star shines out nightly, horrible, unearthly, obnoxious to the human eye; a lamp for a nightmare! Such light as this should shine on only murders and public crime, or along the corridors of lunatic asylums—a horror to heighten horror. That ugly, blinding glare may not improperly advertise the home of the slanderous Figaro, which is a back stop to the infernal regions. But where soft joys prevail, where people are convoked to pleasure and the philosopher looks on smiling and silent, where love and laughter and defying wine abound, there, at least, let the old mild lustre shine upon the ways of man."

Regarding gas light, it has progressed equally with electric illuminants, and is not in that state of decadence with illuminating engineers (or electric lamp salesmen posing as "experts"), would have us believe. For every improvement in electric Mazda lamps there has been a corresponding achievement in Welsbach gas lighting, and to-day it is possible to attain, hygienic, useful, and artistic lighting with either il-

luminant providing each problem is intelligently investigated.

#### DESIGNING LIGHTING.

It is important to remember that there is no preconceived method of lighting applicable to school rooms, or any interior in general. Each condition is in itself a special problem requiring special, painstaking consideration, but does it ever receive it? In 80% of the 4,000 cases considered in my investigation, lighting equipment was encountered that had evidently been installed by some ignorant contractor, primarily interested in making as large a profit as possible on a conglomerate assortment of metal and glass, ironically alluded to in the "specifications" as lighting fixtures. Analyzing this 80% we will consider the various classifications, which are essentially typical, and apply quite generally to all school-room lighting in its present state.

#### UTILIZATION OF LIGHT.

Before reviewing this evidence we must momentarily consider the question of light utilization. In other words, on the fixtures which are to be described, lights are placed, and these lights are enclosed or partially enclosed in glassware in the form of shades, globes or reflectors which determines the resultant utilization of light. The significant feature to bear in mind is that an electric bulb emits less light from either end than from the sides. This is quite obvious since the metal socket is non-luminous, and at the other extreme (the tip) there are only the ends of the inner filament, or light-giving wires, whereas on the side, the entire length of these light-radiating lines is exposed. This refers to what is known popularly as the tungsten lamp, and technically as the Mazda-B lamp, but the same effect obtains with the later types of Mazda lamps with concentrated filaments, and bulbs filled with an inert gas resembling nitrogen in its properties. Such lamps are technically known as Mazda-C lamps and popularly alluded to as "nitrogen." An inverted gas mantle such as the C E Z lamp, gives more light, downward from the tip because there is more light radiating area at that point, and an upright cylindrical gas mantle gives practically the same characteristic distribution of light as the Mazda-B type of lamp—both emitting their maximum flux horizontally, and not from the ends.

#### THE FIXTURE WITH STEM AND CROSS ARMS.

We have now to consider the first classification of fixtures which I will term Type-A. These consist of a long stem with

cross arms at the end of which are fitted pendant or upright gas or electric lamps. unless such fixtures are hung low, with bare lamps, the utilization of light from the side of the lamps, is entirely horizontal, and is expended upon the side walls, above blackboards. If the fixtures are hung low, as they are in most cases (unfortunately), the exposed bulbs are directly in the visual field and the resultant glare is so intense that nothing can be seen distinctly. This sort of ocular abuse should be classed with criminal offenses, and prohibited by law, yet it is practised quite generally in school-room lighting throughout the country. The correction lies in shortening the fixture stems, so that the lamps are fairly out of the visual field, and employing glassware of proper density to reduce the intrinsic brilliancy, and distribute the light properly. This can be done equally well with gas or electric illuminants, but is more effective when the lamps are pointing vertically upwards. With pendant sockets it is not advisable to use bowl types of reflectors which only partially conceal the lamp, for the directional influence of such a combination, even with lamps fairly concealed is very dangerous—causing in many cases undue retinal excitation. This is because the eyebrow is Nature's means of protecting the sensitive retina from stimuli directionally opposed to usage which has established positive ocular tendencies. For example, the retina is most accustomed to light rays which enter the eye in a horizontal direction, as from windows. One may regard a candle, on a level with the eye, without discomfort, but when the candle is raised a few feet above the head, or placed upon the floor, a very uncomfortable ocular sensation is apparent. The same discomfort is noticed when a man changes from a straw hat to a derby with its narrower rim, or again when light is reflected acutely, from a snow-covered pavement into the eye. In all these instances the light enters the eye at an unusual angle, and excite sections of the retina unaccustomed by usage to such stimuli. The eyebrow acting as a protection from this source of eye trouble is exactly similar in action to the straw hat brim. If the candle is raised to a higher position above the head, at a point where no direct rays enter the eye, owing to the interception of the eyebrow, an immediate and grateful sensation of relief results, even with the mild and inoffensive candle. Substituting for the candle with its maximum brilliancy of 8 c.p. sq. in., a

glaring Mazda lamp with its brilliancy of over 2,000 c.p. per square inch, one can imagine why everyone is complaining these days about their eyes. The experiment mentioned above, slightly modified afford an excellent method of instantly determining whether the lighting of any room is physiologic. Place the hand like a visor above the eyes, and from beneath look straight across the room. Then remove the hand. If the directional effect described prevails, an intense relief will be immediately felt when the hand is placed over the eyes.

#### THE DISTRIBUTED UNIT SYSTEM.

For these reasons the distributed unit system (Type B), in our classification, and consisting of short stems placed at regular intervals on the ceiling is a failure. While the lights may be high enough to be out of sight, yet the directional effect of their radiation is such that pupils seated in various sections of the room are exposed to retinal irritation which could only be eliminated by the use of eye shades, like visor on jockey caps. When the engineer conceived and executed the placement of light sources symmetrically he concluded that he had solved all lighting problems, simply for the reason that the symmetrical placement assured a uniformity of illumination which to him appeared the only essential requirement. In rare cases this system can be used successfully but only where ceiling heights are very great, thereby permitting the use of infrequent outlets and larger lamps, with reflectors which are concentrating in their distribution of light, assuring freedom from the directional disturbances which are always present with reflectors giving a wide, or acute distribution of light. One positive method of correcting the lighting of such interiors lies in extending the length of fixture stem slightly, and placing below the lamp an inverted opal glass reflector of such density that at least 80% of the light generated by the lamp is directed upon the ceiling, and the remainder—less the loss caused by the absorption of the glass, transmitted below to the working plane, giving a adaptation of what is known as semi-indirect lighting.

#### SEMI-INDIRECT LIGHTING.

Such lighting, which is designated as Type C in my classification, is effective if properly designed. The same directional annoyance can result as with direct lighting, if the redirecting mediums are placed so low that their rays strike the ceiling at a wide angle, and return below with the same radius of deflection. To avoid this,



it is necessary to design the reflector so that the light is reflected directly to the ceiling and returned without striking the side walls, and this can be done without the bright spots above the fixture which are typical of the hit or miss methods employed by those commercially interested in illumination. The density of the glassware is important and also its color, the ideal being one that when illuminated offers practically no contrast to the ceiling tint, which must be decidedly off the white, in a warm cream color, with a depth suggestive of yellow.

#### INTENSITY OF LIGHT.

The illuminant improvements of the past six years have tremendously increased the intensity of light on working surfaces, much to the disadvantage of the eye. Perhaps the initial intensity of the system was carefully considered by the designer, but later, the school janitor overthrows the designers "calculation" when he installs "them Mazda lamps what save money by the meter." Thus ever, is theory handicapped by unsympathetic practice. Over-intensity affects the eye in this way. We "see" print, by its contrast against a whiter background—the surface of the paper. For years this background *was* a mellow, soft, yellow surface, made so by the color of the illuminants which so colored it. Since the advent of the Mazda lamp with its dazzling white glaring light, the reading page ground became also a glaring white, making it most difficult and tiring to perceive the small, black characters by contrast. One correction would be to have all reading backgrounds yellow in tone—but this could never be accomplished. The simplest method is to make the light right, and this can be done by using enclosing glassware which imparts the requisite degree of mellowness.

#### INDIRECT LIGHTING.

This brings us to the subject of indirect lighting (Type D) in my classification, and one which can be dismissed with a few words. Like the semi-indirect system, the physiological factor depends upon the correct design as to shape, and hanging of the reflector. The absence of a visible source of light is unquestionably unnatural, but this system can be modified without losing its efficiency so that a secondary shell of glass becomes luminous conveying or rather counterfeiting the suggestion of a visible source. The advantage of the indirect system lies in its efficient utilization of the flux directed upon the ceiling, owing to the

opaque reflectors which are used, but its great disadvantage is the unnatural brightness which it imparts to the upper area of the room, leaving a strata of appreciably less brightness below, which—when dead white ceilings are used—lends to an interior the coldness and cheerlessness of a mortuary. This defect is eliminated in the semi-indirect system which restores a balance of illumination in the upper and lower strata more in accord with psychological requirements.

#### THE PSYCHOLOGY OF LIGHT.

This vital question of psychology in lighting is one which has been persistently ignored by the engineer, for the reason that he considers a quality of artificial light approximating daylight at noon on a bright day as ideal. This consideration is illogical when referred to Nature's teachings, for as the sun sweeps across the horizon there are constantly changing values of light from the cold light of the early morning to the soft mellow radiance of the setting sun, which has been employed by Nature to symbolize the conclusion of the working period. Why suggest to the mind, tired with the working-day conditions, lighting which recalls them? The only possible advantage to be gained by the introduction of a lighting system approximating natural light in school rooms is a momentary one, on occasion when a storm or an overcast day creates a darkness which can be dispelled by a very counterfeit representation of daylight. It is better by far to design the system for the attainment of a mellow quality of light which will subconsciously impress the student with desirability of similar lighting for study in the home. Nor is it an extravagant prediction to affirm that within the next four years the damage caused by unphysiologic lighting will be so great as to necessitate a course of instruction in preparedness against this rapidly growing evil. The psychology of lighting, does not refer to the color of light alone, for light is a revealing agent, and the environment which it reveals must also be considered if it is to be revealed in its proper light. The influence of the surroundings on the mind, is a problem of interior decoration and esthetics, an art which those who expect to qualify as lighting specialists must master. With residence interiors it is possible to simulate an atmosphere of repose by color treatment, assisted by the element of design as expressed in period furnishings, hangings, and wall and floor coverings. With school-room interiors the

designer must depend upon the color of his backgrounds unaided by draperies or ornament, and in this relation there is no better or more appropriate wall and ceiling treatment than a warm buff, rich in its suggestion of amber. Neutrality of backgrounds is to be desired but not at the expense of warmth and cheerfulness. For this reason greens, and greys are to be avoided. I have often used grey and attained a warm cheerful effect in the decorative treatment of residence interiors, but never without the modifying influence of contrasting hangings in varying shades of color intensity. Even when a wall and ceiling color of the proper shade with reference to the exposure of the room has been secured the effect can be impaired by the introduction of globes or shades of the wrong color, and when we realize that the selection of such glassware is left to some contractor utterly incapable of discriminating in matters of esthetic taste, it is no wonder that the architect has become disgusted with the lighting problem.

#### ESTHETIC CONSIDERATIONS.

These esthetic considerations find their beginning in a radical departure from those things which are associated in the mind with commonplace and vulgar usage. The shades of prism glass which through the publicity campaign of their maker have been extensively used for commercial lighting and also for school illumination are entirely out of keeping with esthetic usage. Why defile the atmosphere of the school room with glass shades which are typical of the beer saloon and the barber shop? It costs no more in the beginning to design a mould for such glassware which will become the property of a school, and which insures that the design or motive can never become vulgar through ordinary commercial usage. These are details, but in the aggregate they constitute factors of the utmost importance with reference to environment which is of esthetic value—in that it differs from the commonplace. Another illustration concerns the treatment of radiators and piping, hideous objects which can never be made beautiful by any amount of gold paint. Why advertise their ugliness? Paint them the same color as their backgrounds and immediately they become neutralized and inconspicuous. The same remedy is applicable to ventilator gratings and all other metal devices of a purely utilitarian nature.

#### PERMANENCE OF EQUIPMENT.

Another question which deserves particular attention is the permanence of lighting

equipment. Any one who has exhaustively studied the lighting developments of the past 50 years knows to a certainty what the illuminant improvements of the next ten years will be. Why install lighting equipment limited to present accessories, and which will become obsolete within a comparatively short time, necessitating replacement, or expensive modification?

#### CONCLUSION.

These conclusions indicate that the matter of lighting ought to be put up to the architect in a new light. If he is not capable of designing suitable lighting, some one who is should be retained for that purpose, and held responsible for results. The extraordinary phase of the situation is that schools are built year after year, yet the same absurd mistakes in lighting recur continually. There is the same waste of metal, the same use of worthless glassware, both items representing but a small expenditure of the money appropriated. What becomes of the differential? When such conditions exist what excuse can be offered for the granting of contracts to low bidders who for years have monopolized the field when every job which they complete is a crowning monument to their ignorance and incompetence. If the suggestions for the betterment of school lighting contained in this paper may prove of service to those interested in the improvement of school lighting in this State the purpose of the author will have been accomplished.

698 Bergen avenue, Jersey City, N. J.

#### DISCUSSION.

**Dr. L. W. Rapeer**, Professor of Education, Pennsylvania State College. I would inquire regarding the cost of lighting equipment which is "not commercial" and desire to know if ideal fixtures to fit each individual problem could be manufactured as reasonably as the inferior commercial article. The personal equation is a matter of very great importance, and signifies that whatever system is adopted must be elastic enough to accommodate all usage. I consider the author's recommendations of extreme value on account of the large number of buildings (4,000) investigated. I desire to know the most suitable standard of illumination as regards intensity of light on the desks of students, and ask how such a standard might be maintained, concluding by a direct inquiry regarding the special advantage of any particular light.

**Dr. George J. Holmes**, Newark: Said he agreed with the author regarding the injury done to eyesight by artificial light as noted from his practise and personal observation as a physician. He inquired regarding the intrinsic brightness of lighting glassware as contrasted with its surroundings, and asked if some standard could not be determined, al-



though he realized the difficulty of maintaining it under the ordinary conditions, and without scientific assistance.

Mr. Godinez, closing, said: In answer to Dr. Rapeer's first question, that it is possible to have lighting equipment "made to order" at less than the price of "ready made" and in most cases unsuitable, and unreliable equipment. He added that there was no equipment on the market which could meet the exacting requirements of a lighting specialist, and reiterated that every room in a building was a special problem requiring special consideration and individual treatment. Regarding the personal equation, it could be accommodated by intelligence in design, but that no results could be expected when an architect would turn over his school plans to some ignorant fixture manufacturer having neither the brains or initiative required to handle the many complex problems involved. Concerning the question of economy in equipment, the only way of obtaining it was to draft rigid specifications, and then obtain a number of bids on same. He remarked that the worst school lighting in this country was to be found in Jersey City, where for reasons unknown, contract after contract was let to fixture concerns who in return for the city's good money installed a worthless assortment of brass and glass worth about one-fifth of the contract price. Regarding the standard of illumination, it has been gradually increased by the introduction of new lamps until it was really too high, and the remedy consisted of adapting buff tones for wall and ceiling treatment so that the light would become softened and modified in this way. Regarding the maintenance of an exact standard, this could only be expected at the time of the installation of the equipment, for the ravages of operation, dirt, depreciation, and the lamp changes effected by janitors, caused variations which prohibited exact maintenance, and in themselves could not be regulated.

Regarding the advantages of the direct, indirect, or semi-indirect system, all had their good and bad points, but that all could be used advantageously in certain cases. The claim of manufacturers that any one system was to supplant all others was absurd, and it would never come to pass any more than any one illuminant would become supreme; in this relation he stated that in spite of the greatly increased use of gas and electricity each year, the use of candles was still increasing, and that for last year alone the sales of candles in this country amounted to over \$16,000,000. The number of oil lamps in use were steadily increasing also each year. One thing could be stated positively, and that regards the screening of the light, bare lamps should be prohibited by law, and screening of some sort enforced, whether it be direct, semi-indirect, indirect, or ordinary paper shade (home made).

In reply to Mr. Holmes he would say that it was unfortunate that no drastic legislation existed regarding the regulation of glare, and urged that the medical men of this country take action, against the unscrupulous electric illuminant manufacturers who are more to blame than any other factor on account of their neglect to warn the public regarding the danger to eyesight from glaring tungsten bulbs.

The manufacturers of gas lamps were blameless on account of never advocating the use of bare gas mantles, and protecting the public by selling the mantle, burner and protecting glassware complete, thereby insuring the ocular protection of the consumer. Regarding the standard for intrinsic brightness a maximum of 8-candle power per square inch should be enforced, but the possibility of such enforcement is doubtful.

## SOME SERVICES WHICH THE WOMEN MAY RENDER THE STATE IN TIME OF WAR.\*

BY EMERY MARVEL, M. D.

Atlantic City, N. J.

During the weekly meetings held here you have listened with due interest and pleasing edification to Dr. William's lucid discourses. His lectures have commanded you attention through concrete examples, which have illustrated his statements so nicely that an understanding of the lesson is like unto that obtained from kindergarten play. Were he to further occupy the time this morning which has been assigned to me, you would enjoy a greater pleasure, no doubt, than I can give you, and carry away with you an increased knowledge gained by his teaching that would be useful in needful adaptations. However, should the time you give this conference here be deprived of those object-lesson teachings, may it be a hope that the hour shall not be given without some recompense. That which it is desired to direct your attention to may be less demonstrative than the care of the injured finger or the mangled body, but no less important, I feel, since it aims to palliate the broken hearts and the distressed spirits of women and children.

In this season of warfare agitation, the mind pictures battlefields strewn with injured and dying men. My subject would direct your attention not so much to the field where guns and blasting shells are shattering human masses; but, to that conflict in home life in which the active participants are the peremptory orphans and widows; the conflict that aims not to destroy life, but to conserve it. I am not one who thinks that injured flesh and mangled bones, horrible and painful as they are, occasion greater sufferings than is the mental anguish of shattered and wrecked spirits.

\*An address delivered before the Women's Emergency Aid and Red Cross Society of Atlantic City, N. J.

And so, I invite you to consider with me this phase of conflict.

Let us picture in our minds the sudden call to arms of our gun-bearing men; and to draw this picture requires no tax upon our imagination, as realities are near us. It is the brawn and muscle, the real producer, that is taken from the community. The community is deprived of its best earners and in their stead an army of near-dependents is substituted. These wives and children of commandered soldiers, until now, have lived in comfortable homes. Their spirits have been possessed of hope, happiness, and deserving pride. But what a change from this condition is resultant when the man of the family is called to military service, and, as occurs in most cases, his income at home is cut off. Home needs continue, rents accumulate, while food and clothing and other necessities are required for the wife and children. The soldier's military pay, small in itself to meet the soldier's need, shares but a pittance for the needs of the children and their mother at home. An observer of the recent situation in England writes: "Young wives found their domestic happiness falling like a house of cards, engaged couples got married quickly for fear of that they knew not what, and the girls went to their parents, wives of a week-end, while the men enlisted." We are not only justified in adopting this description as a possible condition here, but already circumstances have made it an actuality. This condition invites assistance, and bids us to study how best this assistance may be rendered.

It is no easy task to define just how this assistance can most effectually be shared, but to know the character of need will serve in good stead. These people need their home, whether it can be better maintained by continuing to occupy the same house as formerly, or by changing to a smaller and less expensive house, or by surrendering the individual abode and taking up a combination home with a relative, are matters to be considered with respect to each case. The pecuniary resources for maintenance invites study. The amount coming from the soldier's pay, the possibility of earning at home and the profitable situations for those that may accept them, should be considered. To provide occupation for the unencumbered women and for the children of earning capacity is not only helpful but virtuous and desirable. And this suggests one of the possible evils of the situation that must be guarded against.

The enticements and allurements that will confront the young wife left for an indefinite time without husband or protector, is a hazard of serious potentiality. But little less are those hazards that will beset the daughter of susceptible age. Occupation is not a sure protection, but to be occupied lessens the opportunities for evil encroachment. It were well that occupation should be provided, even if new and non-profitable industries were required to be established for this purpose. Another service that may be rendered which may be of far-reaching benefit, would be vocational instruction. The teaching of the members of the soldier's family to do that which each could best accomplish in the new adjustment of affairs. English women have become efficient farmers. A lady whom I visited at her home at Hempstead some years ago has since the men of England were called to war, developed a practical knowledge of the dairy and daily milks her cows and distributes the products. This is but a suggestion of vocational adaptation for the soldier's wife or the dependent children. But of still greater service might be vocational training when applied to the convalescing injured soldier who, from loss of arm, leg or other member of his body, is unable to follow his former occupation, may be taught during his convalescence a vocation he may profitably practice subsequently. One of the belligerent nations of the great European war has proven the efficiency of the vocational instruction during convalescence of the injured. An American surgeon, surveying the central hospital of this belligerent, describes such teaching, an instance of which was a paperhanger having his legs destroyed in battle, requiring amputation of both members, began instructions in shorthand and stenography and in a short time after his discharge from the hospital was capable of earning more from his new occupation than he had earned when following his previous occupation before the war.

Prospective motherhood, whether of the soldier's wife who has given birth times before, or of the week-end bride of the impromptu soldier-husband, commands signal consideration. Maternity inspires respect, admiration and sympathy. She who gives her blood corpuscles during that period required to bring forth a living being has a right for especial consideration. Temptations there may be when moral resistance is weak, to defeat the maturity of foetal conception. When such temptations



there be, or when knowing such temptations might be, every protection for the security of the mother and babe should be maintained. Every woman and child, every babe, borne or unborn, is a potential asset to the State. Every possible conception defeated is a violation not only against religious and social ethics, but also against the best interest of the State. The responsibility for protection to, and care of the prospective mother is truly signal and direct.

Upon whom does the responsibility of guardianship for these people devolve? The husband and father, who previously exercised guardianship having been taken by the State, or the State having accepted his service for its protection, makes it due to assume responsibility for the care of the dependents. No doubt, indeed, but that the State has a definite responsibility, but what composes the State? Is the State not composed of the units of the communities? Is it not that each individual of every community becomes a part of the State, sharing its benefits and likewise shares its responsibilities? A community, or a citizen of a community, benefiting by the protection which the State provides, owes a service in return. The citizens of a community that enjoy the protection maintained by certain other citizens in time of war, owe a service to those soldiers. That service can well be rendered the soldier's family. Is it not, therefore, the duty of the citizens to assume these responsibilities? So it seems.

Whatever may be the legal obligation, the moral responsibility is clear. Certain it is that the women of a community are best able to serve the needs described. It is also true that those women whose circumstances afford ease and leisure are not only better able because of the freedom from more exacting cares, to assume the responsibility, but, too, they should be better qualified by education and broader experience.

These women, you ladies, must constitute a Home Guard, a guard whose protection of the homes, the mothers and the children is of worth to the State, as is the soldier at the front. The service of the volunteer soldier in the field of action, hazardous and noble as it is, is but little more worthy than is the Volunteer Woman in the Home Guard Service.

Study the big problems all the time, but never skip a small task, for one of those simple duties has the key to the big problem.

## Clinical Reports.

### Papilloma of the Right Vocal Cord.

Dr. Robert H. Good, at the meeting of the Chicago Laryngological and Otological Society in November, showed a young girl, aged 17, who had had a papilloma on the right vocal cord, which remained after several operations. The cord was thickened, especially the ventricle band, and the cord itself was redended. When the patient phonated there was but slight movement of the cord. The patient had been in the Cook County Hospital since last September, and had had a number of operations for removal of the papilloma while there. She came to the speaker three months after the last operation, and had not been able to speak above a whisper for a year. Dr. Good used fulguration and sesquichloride of iron, 10 per cent. He first fulgurated for ten minutes, combined with sesquichloride of iron, and to his surprise one week later she was able to talk some. He has kept this up, and now she can sing. Dr. Good learned of sesquichloride of iron being used in this way in Edinburgh in Turner's clinic, so thought he would try it, and certainly it has done wonders. The little papilloma has gone and the right vocal cord moves well now.

### Foreign Body in Child's Trachea.

Dr. Good, at the same meeting also showed a specimen of a little sieve which he had removed from a patient's trachea three days previously. This sieve had been in the trachea for three weeks almost without symptoms until the last week. The peculiar thing about the case was the character of the symptoms produced. The child was ten years old. Her pulse was 150; temperature, 99.5°, and she was gasping for breath. Removal of the foreign body relieved the condition absolutely.

### Birth of an 18-Pound Child.

Dr. W. S. Cooke, Otego, N. Y., reports the following case in the A. M. A. Journal:

On February 16, 1914, I delivered a primiparous woman, aged 31 years, and perfectly normal physically, being a little more than the normal height and weight, of a living male child which weighed a very little over 18 pounds twenty-four hours after birth. The pelvic measurements as I found them before labor were normal, or as I thought at the time, a good generous normal. The labor was not extended beyond safe limits and she did not work harder apparently than she has since in giving birth to a normal-sized child. No instrumentation was at any time felt to be necessary or even expected to be so, as the descent of the head and its rotation went on in the usual way and at about the usual speed.

### Living with a Bullet in the Heart.

Among the many marvelous feats of delicate and skillful surgery achieved in the modern war-hospitals some of the most striking, as the rarest, have been those in which the operator relieved the heart itself of the presence of an intruding body, such as a bullet or a bit of shell. Two such are recorded to the credit of a French surgeon, Dr. Beaussehat.

In May, 1915, this physician presented to the French Academy of Medicine a wounded man from whose heart he had removed by cardiomyotomy a fragment of a grenade which had lodged in the cavity of the right ventricle. The case was considered unique. It demonstrated an unexpected tolerance of the heart for foreign bodies, for a considerable period of time had elapsed between the wound and the operation. It showed too, that other similar cases might be operated on with a chance of success.

#### Extraction of Shell Fragment From the Dorsal Region.

Professor Quenu exhibited to the Societe de chirurgie de Paris a shell fragment weighing 385 gm. which had lodged in the back of a soldier without killing him. It was placed transversely between the shoulder blades, one extremity, slightly more pointed, being turned to the right. The first attempts at removal failed. Success followed median dorsal incision exposing the broadest part of the projectile.

#### Hereditary Syphilis in the Second Generation.

At a session of the Zurich Medical Society an infant of 8½ months was shown. It was born healthy like the elder children, but in the sixth month hydrocephalus was in evidence, and a month later strabismus. Positive Wassermann in blood and cerebrospinal fluid. No spirochetes. The X-ray showed pronounced broadening of the epiphyseal line in the radius and ulna. After five intravenous injections of salvarsan the symptoms all vanished. The child's father was apparently normal. The mother gave a negative Wassermann reaction, but had sensitive pressure points in the tibiae and fibulae while the X-ray showed typical gummatous periostitis. She had been deaf and dumb since her sixth year (labyrinthitis?) The case seemed to throw doubt on the value of positive Wassermann in infants.

#### Pneumonia—Faltering Circulation in.

Dr. Frank S. Meara, New York, in his oration at the Main Association's annual meeting on "Digitalis Therapy," cited these cases:

The patient was a Russian, an iron worker, taken ill with pneumonia December 23rd. On December 29th, the patient was apparently in extremis and was practically given up by the staff. The day before, at 8 P. M., he had had minims 20 of tincture of digitalis and pituitrin for his distension. During the night of the 28th, he was apparently unconscious, did not answer questions, had a rattle in his throat and by morning had a full-fledged pulmonary oedema with a rapid thready pulse and a ghastly pallor. He received atropine, gr. 1/75, and nitroglycerine, gr. 1/50, every two hours without any apparent effect. Also received camphor and caffeine, gr.—5, every four hours, alternating.

"At 10.30 on the 29th, he received strophanthin, ½ milligram, into his vein. At that time his clothes were saturated with a cold sweat and the pulse was very poor. At 4.30, Dr. Meara ordered a full milligram of strophanthin to be given intravenously. At this time the pulse was over 140 and very thready. At

the end of an hour the pulse was 120 and entirely different in quality, being full and regular. This observation was carefully made and checked by several of the doctors and nurses. Pulmonary oedema seemed somewhat improved. At the end of the second hour his pulse was 108, oedema much improved. December 30th, 1915. Condition to-day much improved. Oedema is cleared and pulse slowed to 100 with a drop in temperature. Patient is rational and is much better generally."

Patient recovered. Such prompt results as this just quoted are by no means unique in my experience.

Most authors state or imply that slowing of the pulse does not occur during fever as an expression of digitalis action, and, indeed, slowing is not necessary to the beneficial effects of the drug. However, through inadvertencies, slowing of a most convincing character has been provoked by members of the digitalis series.

I saw a case of pneumonia with a fellow practitioner, the day before the crisis. The temperature was 105.5° F. The patient had been given 3 milligrams strophanthin within twelve hours. The pulse was 70 and good quality. The pulse immediately after defervescence was in the forties and recovery was uneventful. I have seen two others in which such a slow pulse was induced with a regular rhythm and one in an auricular-fibrillation. Such slowing in the latter case is not uncommon.

#### Subfascial Lipoma Mistaken for Sarcoma.

Dr. Howard Lillenthal, New York, in a paper in Interstate Medical Journal, reports these cases:

Case 1. Mrs. M., aet. forty-seven, was admitted to Mt. Sinai Hospital on December 27th, 1911. The past history of the patient threw no light upon the case. For about three years she had noted a swelling in the upper outer anterior part of the left thigh and the mass had gradually increased in size. There had never been pain and there was no constitutional disturbance nor loss of weight.

On examination a tumor the size of a small grape-fruit was found apparently connected with the iliotibial band of the fascia lata, tense and elastic on palpation and movable from side to side with the fascia. It was thought to be a typical sarcoma of the fascia lata and the prognosis was therefore grave. The case appeared quite inoperable and treatment with Coley's mixed toxins of erysipelas and prodigiosus was instituted. Following the injections there was considerable reaction with temperature as high as 105° F. and the tumor became reddened, the tissues about it indurated and the skin adherent to the tumor. For four months this treatment was continued, the patient losing considerable weight. The injections were then omitted and there followed a marked diminution in the size of the growth. For a few weeks under the influence of sodium arsenite in solution, hypodermically administered, the weight increased and the general condition rapidly improved. The tumor became softer, and early in May, 1912, increased mobility and a more healthy appearance of the entire region made me believe that extirpation might now be safely performed.



Accordingly, on May 6th, 1912, in ether anesthesia, the tumor was extirpated and to my chagrin was found to be a large lipoma lying between the sartorius and quadriceps extensor femoris muscles. Prompt recovery followed the extirpation and the patient went home well after about five months of hospital residence.

During her stay in the institution she was repeatedly examined and observed by the members of the Second Surgical Service, and not even a suggestion was made that the tumor was anything other than a sarcoma. Indeed, I feared the probable dissemination incident to the removal of a specimen for examination from a tumor so characteristically malignant!

Case 2. Mrs. L., aet. 45, came to me complaining of pain in the right sacro-iliac region, shooting down the back of the thigh. A number of years before it had been necessary to perform hysterectomy for a fibroid. The pain of which she complained had been noted for a few weeks only, and the patient being of a neurotic and timid type would surely have come for advice earlier had the symptoms been present.

On careful examination a firm elastic mass the size of a small English walnut was found apparently underneath the gluteus maximus muscle. Pressure here exaggerated the radiating pain of which the patient complained.

The diagnosis of a solid tumor was made, although the possibility of a cyst could not be excluded and the patient entered the Private Pavilion of Mt. Sinai Hospital where, in ether anesthesia, an incision was made parallel to the fibres of the gluteus maximus. With good retraction the fascia covering the gluteus medius was exposed at the location of the tumor, and on incising this fascia out popped a perfectly innocent lipoma which had been held under tension by the pressure of the gluteus medius fascia. The wound was sutured and recovery with complete relief of the pain followed.

I had feared sarcoma because of the rather sudden appearance of a solid tumor and I had given a guarded prognosis to the patient's husband.

#### **Poliomyelitis—Transfusion of Normal Blood In**

Dr. G. A. Rueck of New York, gives these three cases in the Medical Record, September 30, treated successfully by transfusion of citrated normal blood of adults:

Case I.—Kenneth S., Jamaica, 5 years old, of Swedish descent, weighing about 45 lb., was taken ill July 2, 1916. He had headache, chills and vomiting. After the action of a cathartic he seemed to be well the following three days. In the evening of July 5 he had a high fever. July 6 his temperature was in the morning 104° and in the evening 105.4°. He was treated for "poisoning of the stomach" and received within two days seventeen enemata of two quarts each. The temperature during this time was about 104°. On July 8 he had muscular twitchings of the entire body, especially of hands and feet. July 9 he was delirious, drowsy, very restless during the night, and had a high fever. I saw the boy the first time July 10 at 2 P. M. His pulse was then 96, regular, of low tension and small volume; the temperature per rectum was 101° and the res-

piration 40 to 45. His eyes reacted to light and accommodation. The tonsils were not inflamed and the nostrils not obstructed. The tongue was heavily coated, the posterior half of its dorsum being brownish. The lips were dry and cracked. Heart and lungs were negative. He was drowsy, had a stiff and painful neck, and a painful back. The right side of the face and the right arm were slightly paralyzed. He could move the right fingers and the forearm, but could raise the upper arm only to the height of the shoulder. The left arm was normal. Left leg: reflexes present, ability to raise the leg is decreased—can stand on left leg. Right leg painful; he can bend but not extend the toes. All reflexes except the plantar are absent. Can raise the thigh to an angle of 45° to the body, cannot stand on right leg. Sphincters normal. Skin reflexes present. Skin clammy, of a bluish hue, no eruptions.

The cerebrospinal fluid, sent to the Board of Health and reported on a few days later, showed a few white cells, a slight reaction for globulin and a very slight reaction of Fehling's solution. July 11 at 1 A. M. he received a slow transfusion of 350 c.c. of maternal blood in 2 per cent. sodium citrate solution (4 parts of blood and 1 part of solution) into the resected left median basilic vein. The amount of blood transfused was equal to 1211 c.c. in an adult of 150 lb. body weight. After the transfusion the boy had a slight cough, belching of gas, and an evacuation of the bowels. The feces were thin, brown, and offensive. He was talkative, conscious, and felt much better. At 8 A. M. he asked for food and received a cereal, milk, a soft-boiled egg, and bread. July 12. Sleeps much and has little appetite. The neck is slightly stiff. The face is normal and the tongue clear. He can raise the right upper arm to the level of the vertex of the head and move it in all directions. The right leg is paralyzed; he can move the toes only. He can move the left toes and foot. The left plantar reflex is present, the knee jerk absent. He can bend the left thigh with difficulty, but not extend it. He was transferred to Willard Parker Hospital. On September 7, I examined the boy in this hospital. He looked bright and had red cheeks. Neck, face, arms, and trunk were normal. The left leg was normal, but the knee jerk was absent. He could stand on the left leg. The right thigh could be moved in all normal directions. The right knee jerk was absent and the right leg from the knee down was paralyzed. He could not stand on the right leg.

In general the outcome is satisfactory, considering the grave infection and the comparatively late date at which the blood transfusion was performed.

Case II.—Ruth S., a sister of Kenneth S., fifteen months old, still nursed by the mother, became sick July 11 and died July 13. A blood transfusion which I offered to do six hours after the onset of the disease and which would have saved the child was refused by the father. Thirty-six hours after the onset of the disease I found her in a stuporous condition. The right arm was paralyzed. The other extremities were very painful and the neck stiff and painful. The temperature was 104°.

The older brother and the two older sisters

of Kenneth S., remained well in spite of the great exposure to the disease.

Case III.—Willard J., Jamaica, twelve months old, weight 21 pounds, breast fed, of Swedish descent, had for the last two days a high fever, was very peevish, restless at night, and seemed to have pain in arms and legs when touched, but took food. I saw the patient first July 12, at 10 A. M. He had motor paralysis of the extensors of the left thigh and leg. Sensation was present. He could not stand on the left leg. The neck was stiff and painful. He had adenoids and phimosis. The temperature per rectum was 100, the pulse 120 and the respiration 30.

July 12 at 1 P. M., he received 250 c.c. of citrated maternal blood in the resected left median basilic vein. When 200 c.c. were given the bowels moved and he passed gas and urine. The amount of blood injected in this case was equal to 1,786 c.c. of citrated blood in a man of 150 pounds of body weight. After the transfusion was completed he had a slight chill and took the breast. Extension of the left leg was possible. He could put the leg to the floor.

July 14. Extension of the left leg is not quite possible. There is no fever. The boy is playful. There is twitching of the muscles in sleep.

July 16. The boy can walk about twelve steps. Then he gets tired and has to sit down. He can extend the leg. The neck is normal. Appetite, bowels, urination and temperature are normal.

July 19. The boy was taken to the Jamaica New Hospital for Infectious Diseases because the family, not following instructions, had communicated with the child's uncle and his family, whose child was taken ill, too. The boy remained in the hospital eight weeks. He can walk and feels fine. The outcome in this case is a complete cure.

#### Prostatic Abscess Secondary to Infected Hand.

Dr. J. H. Sturgeon, of Wesley Hospital, Oklahoma City, Okla., reports in the November Oklahoma State Society Journal the following case from the service of Dr. Blesh:

Mr. B., a man of 48 years, American, married, and a driller by occupation, gives the following history: Family history entirely negative. Previous to present complaint personal history is negative except for acute exanthemata in childhood, from which he made a good recovery without complications.

Present trouble dates from seven weeks ago when, while working, he received a severe blow across the left palm. The hand became swollen and painful, but he noticed no abrasion or open wound. Four or five days later pain in hand became very severe, with tenderness most marked about the region of middle of the palmar space. Two days later, one week from date of injury, he consulted his physician, who opened and drained this space through the palm, obtaining fair amount of thick, yellowish pus. Five days later a further opening and curettement of infected area was performed. The next day following, a fluctuating area presented itself just above the wrist. This was opened and drained. The hand gradually improved from this time, and at present is practically healed. Only a small

drop of pus can be expressed from palm. Function of hand is practically perfect.

Nine days after the first incision, patient began to notice pain in perineal region whenever he tried to sit down. This gradually increased until pain finally became constant and he was unable to sit at all. Two days ago he began to notice difficulty in urination and applied hot applications to perineum to relieve this difficulty. Twenty-four hours before entrance to hospital, and again at time of entrance, had to be catheterized. Upon passing catheter, sensitiveness was most marked in region of posterior urethra. Has had frequency of urination for the past four or five days.

Physical examination was entirely negative except prostate, which was only slightly larger than normal, especially in region of right lobe, smooth, but extremely tender. Urine was cloudy, specific gravity 1020, acid in reaction, no sugar, albumen large amount, no casts, large amount of pus, few red blood cells. Urethroscopic examination showed pus exuding into urethra from region of verumontanum. This material entirely obstructed the view of that portion of urethra. Temperature and pulse were normal each morning, with a rise in temperature to 100 or 101 degrees in afternoon, with a corresponding rise in pulse rate.

Diagnosis of prostatic abscess was made by Dr. Blesh and case was operated by him in Wesley Hospital under nitrous oxide-oxygen anesthesia. Approaching prostate by perineal route, he opened into it and found the abscess cavity containing from one-and-a-half to two ounces of thick greenish-gray pus. Iodoform gauze drain was placed to base of abscess cavity.

Following operation, patient passed urine normally and without pain. No urine escapes through perineal opening. Same organism, a staphylococcus, was obtained from pus from hand, urethra and perineal discharge.

#### Extensive Disease—Heart, Lungs and Liver.

Dr. Lea A. Riely, Oklahoma, reports in the State Society Journal, the following case:

E. S. Age 22 years, 138 pounds, school boy. Father and mother living and well. Two brothers living and well, one older and one younger. Maternal grandmother and paternal grandfather had asthma and bronchial trouble.

Born in Brooklyn, N. Y. Had bowel trouble when an infant. Usual childhood diseases. Was subject to croup when small. Was hit in upper abdomen with baseball four years ago. October 14, 1914, to April, 1915, was taken with cough, orthopnea, cyanosis, no fever, legs pit on pressure, expectoration rather profuse; gets weak on exertion. Haemoglobin 70 per cent. Weighed 122½ pounds one year ago. Now weighs 142. Went to high school until May, 1915. One cervical gland became enlarged and tender about one month ago. Denies luetic infection.

About six months ago began to notice inability to lay down comfortably, legs began to pit on pressure, abdomen began to enlarge, hoarse, dry croupy cough; fills up when he eats very little; not constipated; no digestive trouble; bloats at times; no pain except when bloated or coughing. These symptoms come on after hard physical exercise.

Reds, 4,250,000; whites, 10,000; haemoglobin, 65 per cent.; neutrophils, 87; S. lymphocytes,



7; L. lymphocytes, 2; L. mononuclears, 1; transitional, 1; eosinophiles, 1; basophiles, 1; poikilocytosis, 0.

Faeces: Benzidin test negative. Urine: Slight trace albumen. No casts. Few red and white cells. Bile present.

A pale delicate boy, stands very straight and shoulders thrown back because of enlarged abdomen. Hair thin and light colored. Hairy portion of body and face very scanty. Sexual organs undeveloped. Voice always hoarse and high pitched. Eyes prominent and upper lid slightly edematous. Sclera clear, pupillary reflexes normal. Cervical lymphatics enlarged, not tender. Tonsils pharyngeal and lingual enlarged. Reddened vocal chords and under high tension, causing high pitched voice. Vision normal. Atrophic catarrh of nose and throat. Adhesions in Rosemullers fossa. Slight cyanosis of ears, lips and fingers on lying down. Normal color returning on sitting up. Diffuse bronchial rales heard on lying down and disappears on sitting up. Temp.  $98\frac{3}{4}$ ; Pulse 82; Resp. 18; Sys. B. P. 105; Diastolic B. P. 75. Enlarged superficial veins below the level of twelfth dorsal with edema of tissues below. No retraction of intercostal spaces over the heart or in the back. Sound heard at apex with first sound of heart on sitting up over an area of three inches, but disappears on lying down. Dullness over precordium of triangular area with base towards diaphragm. X-ray shows a shadow larger than normal corresponding to above. Apex beat faint and within nipple line in 5th interspace. No hemorrhoids or caput medusa. Pulmonary sounds very faint on right side, more marked on left and slight flatness of base posteriorly.

Abdomen measurements: 33 in. at umbilicus; xiphoid  $35\frac{1}{2}$ ; nipple 35. Abdomen tender to palpation, tumor non-expansile, felt in epigastrium running down on right side four fingers breadth below ribs. Symmetrically enlarged sharp smooth edges with fissure of gall bladder palpable, liver dullness superiorly to one inch below nipple. Spleen not palpable. Lower abdomen, left flank and right epigastrium flat to percussion, right flank dull to tympanitic. Does not change on position.

Withdrew 450 c.c. amber opalescent ascitic fluid with albumin and globulin present. 700 cell per c. m. m. Polys. 40; lymphocytes 60 per cent. Blood and ascitic fluid both gave a positive Wassermann reaction.

There is evidently a lesion of the mitral valve, but presence of the fluid does not conducts the sounds to axilla and back, limits the extent of conduction of sound and when lying down permits heart to fall away from chest wall and obscures the sound. This can also account for the cyanosis and rales on lying down. The presence of the symmetrically enlarged liver with dilated superficial abdominal veins without hemorrhoids or caput medusae and the ascitic and moderate edema of legs would point to a perihepatitis.

Blood and ascitic fluid both show a positive Wassermann, hence an active antiluetic treatment must be instituted. The condition of infantilism must be due to a congenital luetic infection owing to the positive Wassermann and in spite of the family and personal history. The cardiac syndrome accords with the symptoms of adhesive pericarditis and the blueness

on lying down due to pressure on pulmonary veins. The liver syndrome are those of a cirrhosis with its polyserositis. The term "pericarditic pseudocirrhosis of liver" or "chronic universal hepatitis" could explain the above physical findings.

Laboratory Report. Heart—The pericardium is thickened and fibrous throughout. The parietal pericardium being adhered to the visceral and interpericardial space infiltrated with calcium deposits. The heart is about normal in size. The muscular wall shows atrophy. Cavities: auricular, ventricular somewhat enlarged. Tricuspid values normal. Pulmonary valves normal. Mitral valves are somewhat thickened with fibrous places on free surface. Aortic valves are normal. The heart on section shows increase of fibrous tissue, atrophy and degeneration of the muscle with round cell infiltration. Blood vessel walls are thickened. No spirochaeta found special staining method.

Pleural Cavity—Right pleural cavity contained 120 c.c. of straw colored fluid. Left pleural cavity contained 500 c.c. Lungs—Right lung. Visceral pleura thickened and fibrous. Strips easily. On anterior and posterior border of lower lobe is a fibrous nodule which is apparently adherent to the parietal pleura. The whole lung is in a collapsed condition and not larger than a man's fist. Left lung. Lung is normal in size with T. B. deposits at apex. Pleural adhesions on posterior surface. Microscopic examination shows alveolar walls widely separated and cavity filled with debris. Inter-alveolar tissue infiltrated with round cells and alveolar walls much thickened. Increased fibrous tissue about the bronchi with much infiltration of inflammatory cells. The blood vessels walls are thickened. Visceral pleura thickened and overlaid with fibrin.

Liver—Capsule of the liver thickened with moderate increase of interlobular connective tissue. Portal veins and hepatic arteries show fibrous increase in their walls with a marked round cell infiltration surrounding them as well as the interlobular connective tissue. Spleen—Normal in size, non-adherent. Kidneys—Normal in size, capsule strips easily.

Diagnosis: Heart — Adhesive pericarditis with calcification. Myocardial, atrophy and chronic myocarditis. Lungs—Acquired atelectasis, chronic interstitial pneumonia. Liver—Liver shows hypertrophic sclerosis.

Great is the power of unconquerable diligence; diligence which, rightly understood, necessarily includes self-control, self-respect and a firm will. For every treasure cave there is an "Open Sesame," if the seeker will but persevere. It is to be found only by your own exertions; for, boy or man, you must put your own shoulder to the wheel before you can expect any assistance from celestial Jove. The ancient maxim that "the gods help those who help themselves" has a significance applicable to all men and at all times. It is by "Self-reverence, self-knowledge, self-control" that man must prevail over circumstance and wrest the prize from the hands of unwilling Fortune.—W. H. Davenport Adams.

When a woman is harboring a brainstorm it is a man's cue to say nothing.

## Abstracts from Medical Journals.

**Incipient Mental Disease.**—Floyd M. Alpin states that in his early observation of suspected mental cases there are four major points he uses in much the same spirit as a woodsman would the four points of a compass. First, is the patient above normal in spirits, lowered in his religious habits, bold in manner, free with money and remiss in home relation? Second, is he below the average in spirits? Third, what about any peculiar ideas if any are present? Fourth, does there exist or likely to exist a decrease of mental capacity?—*Wisconsin Medical Journal*.

### Laboratory vs. Clinical Determinations.

Dr. F. J. Shepherd, in the *Canadian Med. Association Journal* says: Although I am as much an advocate of laboratory methods as the most scientific younger surgeon, yet they should not replace those powers of observation which are the great asset of the medical man. I fear a tendency to do so, for the recent graduate dares not diagnose a fracture without X-rays, a typhoid fever without a Widal, syphilis without a Wassermann, and so on. We cannot always carry a laboratory or hospital appliances about with us, so we should not depend too much on the use of mechanical means in diagnosing disease and should not let our powers of observation atrophy. Time, no doubt, will remedy this state of affairs and things will bear their proper proportion to one another.

### Practical Value of the Schick Reaction.

Dr. Arthur Sprenger, in the *Illinois Med. Jour.*, gives his conclusion as follows: The Schick test is of positive value in determining the susceptibility of a patient to diphtheria, and also in differentiating doubtful membranes of the throat. It shows that in some cases passive immunity is of short duration. The author does not, like others, find that immunity is a familial characteristic. The test insures a saving of antitoxin, for it has shown that less than 50 per cent. of children are susceptible to diphtheria. Carriers give a negative Schick reaction.

**Unsuspected Hernia as Cause for Infant's Crying.**—M. Vargas of Barcelona in his "*Pediatrics*," 1915, relates a number of instances in which nothing could be found to explain the infant's constant crying until a tendency to inguinal hernia was detected. When the hernia occurs easily, through a wide passage, there is no pain, and the hernia is readily reduced, as a rule. The painful and often ignored form is when the passage is small and the intestine protrudes little, if at all, so that the hernia escapes detection unless the physician is on the alert to find it. The child keeps up its crying incessantly in these cases until the hernia is reduced and held in place with adhesive plaster, when relief and smiles follow at once.

**Typhoid in Infants and Young Children; Diet.**—Drs. La Fetra and Schroeder, in the *Amer. Jour. Diseases of Children*, reach these conclusions: 1. It is possible, in the great ma-

jority of cases, to feed children suffering from typhoid fever, even during the febrile period, with an amount of food furnishing sufficient calories to maintain or even increase body weight; 2. This high caloric diet, besides preventing the emaciation usual in this disease, greatly increases the comfort of the patient, prevents the severe nervous symptoms, and lessens the dangers of the disease and of its complications.

### Tubercular Infection in Infancy.

Dr. V. Adriance, in discussing this subject in the *Boston Med. and Surg. Jour.*, gives these as his conclusions:

A positive von Pirquet reaction is a proof of tubercular infection. A von Pirquet reaction during the first two years of life signifies a bad prognosis, but the mortality decreases as the years advance. Infection with small doses of the germs at infrequent intervals may gradually establish immunity.

Infection with the bovine type of tuberculosis occurs mostly in infancy and childhood, while the human type is chiefly manifested in adult life. The bovine type manifests itself chiefly in disease of the bones and lymph glands of the neck and mesentery. There is a possibility that the milk of immunized cows may be useful in the prevention and treatment of tuberculosis in the human. Pasteurization of milk should be generally adopted.

### Fetal and Placental Syphilis.

Dr. E. D. Plass, in the *Amer. Jour. Obstetrics*, in a study of 75 placentae, concludes that: (1), the syphilitic placenta is characterized by increased weight and size, abnormal proliferation of the stroma cells and an obliterative endarteritis and endophlebitis; for practical purposes the changes are specific and offer very strong evidence of the presence of fetal syphilis, whereas their absence does not exclude the disease. (2) The demonstration of the *treponema pallidum* in the fetal tissues affords an absolute diagnosis of lues, but the failure of demonstration proves nothing. (3) There are many discrepancies between the histopathological findings in the placenta and fetal tissues and the maternal Wassermann reaction and complement-fixation test on the mother is of less value in accurately diagnosing fetal syphilis than the other two methods. (4) The diagnosis of fetal syphilis should be attacked from all points and absolute reliance should not be placed upon any one method of diagnosis.

### Observations on the Occurrence of Syphilis.

Dr. Ruben Peterson, in *Surgery, Gynecology and Obstetrics*, gives an account of the occurrence of syphilis in the University of Michigan Obstetric and Gynecologic Clinic. He says:

Out of 2,000 patients in the University hospital, excluding the syphilological and neurological services, the proportion of syphilitics was 6 per cent. There were 381 obstetric patients with 18 leucics, or 47 per cent.; 390 gynecological cases with 22 leucics, or 5.6 per cent. The diagnosis was made by Wassermann reaction and expert physical examination. Of the 18 obstetric leucics, only 8 gave a history of lues. In these 8 cases there was positive clinical evidence of lues. The possibility of a



full-term living healthy child in syphilitic mothers is greatly enhanced by treatment with salvarsan and mercury. The new-born infants of the mothers, so treated, do not give positive Wassermann reactions, although undoubtedly they are syphilitic and later probably will show signs of the disease. A certain proportion of the new-born children of untreated syphilitic mothers will give positive Wassermann tests. Only by routine Wassermann tests will the obstetrician and gynecologist best serve the interests of his patients. Especially is this true in hospital practice, where even careful histories fail to arouse suspicion of latent syphilis.

### Blood Pressure.

At the annual meeting of the Medical Association of the Southwest in October, Dr. R. L. K. Kimmins of Texas, said: You will frequently find a systolic pressure of more than 200, and a diastolic of more than 125, in people who do not know they are sick, and, indeed, they may not be sick; yet these points are far beyond the line of safety, and you would not think of passing an applicant for life insurance with such a pressure, yet this very person may be a better risk than one with a much lower pressure. So long as the ratio between the two is good, so long as the heart load is not above 65 or below 35, the tension may be very high, without immediate danger. When the tension is much above normal, have the patient take a little violent exercise, and if the pressure rises rapidly 30 to 40 points, and regains its former level in three or four minutes, that person is in better condition than one with a normal pressure, who does not respond promptly to exercise and rest. Close application to business, and careless manner of living, lead up to the condition.

### What Do We Know About Poliomyelitis?

Dr. John W. Wainright, New York closes a paper in American Medicine with the following summary:

1. The cause of poliomyelitis is unknown.
2. There are no statistics available to justify the claim of carriers.
3. No bacterium or toxin has been demonstrated.
4. Avenues of infection are claimed from inference because of experiments on lower animals, especially monkeys.
5. Infection through flies, bedbugs or other insects not in evidence.
6. Seasonable characteristics. The disease prevails during every month of the year in northern United States, the maximum being the summer and early autumn, the minimum, the spring and winter months. Its prevalence corresponds in a general way to that of typhoid especially rural typhoid and the residual typhoid from rural sections carried to cities with good water supply; more closely to the prevalence of infantile diarrhea and enteritis.
7. Contagious. Nearby cities do not suffer while sections remote acquire the disease. Only 14 of 2,070, or 0.6 per cent. of those exposed acquired the disease; recognized cases relatively unimportant source of infection.
8. Age. Children under 5 years of age furnish from 50 to 90 per cent. of the cases; adults 10 per cent. or less. 1 to 1,000 of population of 100,000.

9. Diet and Hygienic Conditions. Wickman reports outbreak when evidence pointed to infection through a common milk supply. Incidence proportionately about the same among those living under good or bad hygienic conditions.

### Practicable Examination in Routine School Medical Inspection.

Dr. C. P. McCord, Albany, in a paper read at the annual meeting of the New York State Medical Society, on the above subject, said. It is of little good to require an examination involving a chest examination when one "part time" man is appointed to 4,000 or 5,000 children. Where conditions are such that a "part time" man has more than a 1,000 children a chest examination should not be considered except in the case of the relatively few anemic, flat chested, nervous children and those with suspicious lymph nodes; or those that bring to us evident signs and symptoms of organic heart disease. Working two hours a day, five days weekly, for thirty-six weeks an inspector may examine approximately 1,000 children. Working one hour a day for the school year he will examine approximately 450 children. In the same time the more superficial type of examination (not involving routine chest examination) can be given to three times as many children; and if the nurse is trained to give the eye test then the inspector can examine four or five times as many.

Certain standards should be suggested to govern the reporting of defects. Good fundamental training in the specialties is desirable. An analysis of examinations of several thousand children by 167 different general practitioners shows a wide range in standards of judgment as to the existence of physical defects. Where school inspection is carried on by general practitioners a set of regulations should be formulated for their guidance that should embody a discussion of the procedures and standards approved by specially trained and expert school health workers.

The routine examination should cover the following:

**Eyes**—The Snellen card test plus a card for near vision and astigmatic chart in some cases. These tests must be given with an appreciation of possibilities of error in handling children.

**Ears**—The watch test is perhaps the most practicable. There is considerable variation in the response of children at different ages. Discharging ears are serious.

**Tonsils**—Enlarged and cryptic tonsils with a history of frequent sore throat are perhaps pathologic.

**Nose**—Medical inspector diagnoses nasal obstruction, leaving it to the family physician to determine the cause of the obstruction.

**Teeth**—Decay of the "six year" molars is the most important thing to look for. It is poor economy to employ a dentist to inspect mouths of school children; he had better be employed in actual treatment of the most urgent cases.

**Nutrition**—The judgment of nutrition is based on pinched, pallid features, arrested development, the lack of spontaneous activity, weak and flabby tissues and the signs of nervous exhaustion.

**Skin and Glandular**—The enlarged cervical nodes associated with poor nutrition, those

that become acutely inflamed and those that undergo softening are the ones that merit attention.

**Eczema** and any contagious or parasitic skin disorder should also be looked for. Simple home treatment for pediculosis is indicated.

**Orthopedic and Nervous**—Stoop shoulders and flat chest; lateral curvative; "general nervousness;" chorea; psychic disturbances of adolescence; epilepsy; mental deficiency, etc., should be kept in mind under this heading.

**Acute Contagious Diseases**—This is a very important though relatively small part of the work of school medical inspection. \* \* \*

School work is more than putting glasses on children who cannot see well; removing adenoids, tonsils, and filling decayed teeth; it involves a wide understanding of the various social, educational and economic problems that are closely bound up with the physical condition of the children.

#### The Neuropathic Child.

Dr. Edward B. Angell, Rochester, at the same meeting of the N. Y. State Society said: Francis Warner, who examined 100,000 of the school children of London, has described the nervous child and no better description than his can be given. He calls attention to the following symptoms in this type of child: grinding teeth; difficulty in going to sleep, they are always tired; not ready for breakfast; delicate without having actual disease; are very susceptible to disease; show a lack of appetite or capricious appetite. These children are generally well made in body, with good heads and well-cut features, fine skin and light complexion. An early indication of their nervous instability is overspontaneousness. They may show even in infancy these spontaneous movements without controlled coordination. There is also greater impressionability and imitativeness than the normal child. There is later a lack of inhibition. The normally constructed brain of the healthy child in its motor action presents well-balanced muscular movements. The relationship between muscular activity and brain activity is very direct.

One test that is very useful in distinguishing the normal from the nervous child is the following: Ask the child to stand erect and to raise both arms at right angles to the body and hold parallel with palms down. The normal child will hold his arms in this position; in the nervous child, the arms may be curved, one arm may be dropped lower than the other, or where there is considerable nervous tension the knuckles may be pointed backward. These failures to assume the prescribed attitude indicate an illy balanced nervous control.

**The Quantity of Light**—The quantity and intensity of light may be considered in relation to the special place of work and to the surface on which the work is performed. The quantity of light will depend on the source and the kind of light which is let into the factory, and the adequacy of light will also depend on the kind of material on which the work is performed. Mr. Wilson, who has made the light investigations for the factory department of England, distinguishes two kinds of work, which he names respectively *inspective* and *detective*, according as the work entails continuous application of the eye to one point or small area,

or consists merely in keeping general watch over a given process, actual labor being demanded only when some fault occurs. "The making up of clothing, hankerychiefs and typesetting," he says, "belong to the *inspective* class; while cotton and flax spinning and preparing belong to the *detective* class." The work of a watchmaker, jeweler, or draughtsman requires very much more light than the work of clothing or any needle workers. The work of a hand typesetter, for instance, may also be divided into several kinds. It requires more light to decipher some of the manuscripts which the typesetters have to set up, and certainly much more light than that which is necessary on the typeset itself. Proofreading may require more light than any of those mentioned.—George M. Price, *The Modern Factory*.

#### Electric Light in Treatment of Wounds.

The Ohio State Journal says that Dr. G. W. Crile as visiting surgeon of Lakeside Hospital, in his annual report to the trustees of Lakeside Hospital, states:

"As the result of our experience in France last year, we are introducing into the Surgical Service here the treatment of wounds by electric lights. I found in the American Ambulance that the French service were dispensing with dressings in certain cases and exposing the wounds either to sunlight or electric light. I gave this method the following trial there: Each second patient was treated as we were accustomed to treat patients in the Lakeside Hospital and the remainder were treated by electric lights and sunlight. It was soon obvious that electric light was an important factor in wound healing. We have now made a sufficient number of observations to know that in many cases requiring frequent dressings, by the use of the electric light not only are dressings dispensed with, but also rapid healing of the wounds is induced. This matter will be further investigated during this year. Should this French method be finally proved superior to our own then the following desirable results will be secured—the wounds will heal faster; the patient will be more comfortable, and there will be a great saving of dressings. An important advantage also will be the more rapid exchange of patients."

#### Indicanuria; A Study of 100 Cases.

Dr. J. Russel Verbruycke, Washington, D. C., read a paper on the study of 100 consecutive cases of indicanuria of which the following is an abstract:

Indican as a fairly accurate index of auto-intoxication is of very great importance. The analysis of the hundred cases illustrates points which have been noted by the author in several hundred other cases.

In 24 patients the condition was probably primary, in 69 it was clearly secondary, while in 7 this point could not be determined. In the series were represented 26 cases of ulcer, 23 of colitis or pericolicitis, 12 of visceroptosis, 9 of appendiceal dyspepsia, 5 of cholecystitis and 2 of cancer. These lesions when present were usually the primary condition. Pyorrhoea was coexistent in 25 per cent.

Diseases of the liver were not accompanied by indicanuria more often than other gastro-



intestinal troubles. Stasis, where there is increased production of indican or a damaged mucosa, will markedly increase the degree of indicanuria but is not an essential factor, as 29 of the patients had regular daily movements without taking medicine. Further, constipation in the absence of other factors does not produce indicanuria.

Albumin was found in 55 per cent. of the series and was probably secondary rather than an etiologic factor since it often cleared up after the cessation of the indicanuria. The average free acidity was 40 and total acidity 54, normal figures. X-ray study frequently showed ileo-cecal regurgitation, which condition is almost constantly accompanied by high grade auto-intoxication.

The importance of indican as an index of putrefaction is evidenced by the most significant parallelism between the indicanuria and the symptoms. Of the 100 patients there were only 4 who had none of the toxic symptoms; 11 per cent. had but one symptom, while 85 per cent. showed from 2 symptoms to the whole syndrome.

Indicanuria may be continuous or intermittent, persistent or transitory. Several characteristics of the toxins are shown, first, rapid action and rapid elimination and, second, the possibility of a tolerance being established. Objectively the pulse was found slightly quickened, a slight anemia was produced, and there was a decided lowering of blood pressure although the ultimate effect of the toxemia may be to produce arteriosclerosis.

#### Acute Toxemia Secondary to Gas Gangrene.

Drs. John Fraser and H. J. Bates, in the January British Medical Journal, have made a report on this subject to the Medical Research Committee in which they state they have observed that men suffering from an infection of their wounds by a gas producing organism frequently succumb to what appears to be an intense and progressive toxemia which they find extremely difficult to treat. Following Professor Lorrain Smith's suggestion they are now using intravenous injection of a solution containing 0.5 per cent. hypochlorous acid (eusal) to which is added 8 grams of sodium chloride per litre and the results obtained most thoroughly justify the adoption of this method. They report cases presenting apparently the same condition, some of which were treated by this method while in others it was not used. In the cases in which these injections were given the improvement was prompt and striking, and the patients went on to recovery. The injection was made by means of a Record syringe into the median basilic vein. In two of the cases 40 c.c. of the solution were injected and in a third 70 c.c. This latter case showed that in some instances the larger dose might be given with advantage.

#### Cause of Death in Intestinal Obstruction.

Dr. Snow concludes that neither starvation nor bacterial activity is responsible for death in intestinal obstruction, but that a toxic substance exuded from the duodenal mucosa is the cause of the lethal symptoms. Subcutaneous saline infusion prolongs life by replacing the fluids lost by vomiting and diarrhea.—N. Y. State Journal.

#### Management of Hypertensive Cardio-vascular Diseases—Some Don'ts to be Observed.

Dr. Henry F. Stoll, Hartford, Conn., in the A. M. A. Journal:

1. Don't tell the patient with moderate hypertension, few symptoms and whose kidneys are functioning well to stop eating meat, or go on a milk diet.

2. Don't tell him to immediately give up his business; try to readjust his life so that unnecessary cardiovascular strain is reduced to a minimum.

3. Don't tell him his kidneys are "all right," just because his urine exhibits neither albumin nor casts.

4. Don't miss the significance of nocturnal polyuria and a persistently low gravity.

5. Don't give nitroglycerin tablets to your patient the moment you discover that he has hypertension. Perhaps he requires a high pressure to get the blood through his small inelastic vessels.

6. Don't be satisfied with the systolic pressure—the diastolic is often of more significance.

7. Don't attribute the insomnia, nervousness and headaches in the middle aged woman to "the change"—take her blood pressure and examine her eye grounds.

8. Don't make a diagnosis of neurasthenia till after a blood pressure estimation and a Wassermann test. It may save subsequent embarrassment and even be of advantage to the patient.

9. Don't think you are doing your whole duty to your pregnant patient when you have examined her urine. She may have hypertension but no albumin to-day and eclampsia next week.

10. Don't consider hypertension solely a condition of middle life; it is occasionally present in childhood.

11. Don't forget the old man's enlarged prostate. It may be the cause of the nephritic syndrome.

12. Don't hesitate to give digitalis when symptoms of cardiac failure are evident. It will not raise the blood pressure.

13. Don't wait until the patient is water logged and the heart dilated before suspecting a failing myocardium.

14. Don't deny your sleepless gasping patient, whose course is nearly run, the relief that only morphin will give.

15. Don't make a prognosis solely on the blood pressure or phenolsulphonephthalein test. Each tells but part of the story.

16. Don't overlook the fact that cardiovascular disease is to a certain degree a familial condition sometimes present in several generations; nor neglect to explain the importance of a yearly blood pressure estimation of all members of the family.

17. Don't exclude syphilis, especially a parental infection, as the cause of the hypertension solely because the Wassermann is negative. Study the family history; examine the brothers and sisters and your patient's children for signs of hereditary syphilis.

18. Don't fancy that the management of hypertension consists in watching a column of mercury or that success is measured in millimeters.

## County Medical Societies' Reports

### ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular November meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, Friday evening, November the tenth and was well attended.

The scientific program was opened by Dr. J. Chalmers DaCosta of Philadelphia, who spoke eloquently on "Concussion of the Brain and Some of Its Consequences."

At one time, Dr. DaCosta said, it was thought that concussion was a condition produced by mollecular vibrations in the nervous substance of the brain without any injury to brain tissue. Then Duret advanced the theory that there is actual brain injury with concussion, and later, Keen and Kocher both expressed themselves as believing there is actual laceration of the brain tissue. That we can have concussion, or all the symptoms of concussion without a brain lesion, is positively shown by necropsy. Also in experiments on the lower animals it has been shown that light blows on the head with a hammer, a rubber tipped hammer, can produce concussion, and if these blows are continued and increased in force, death may ensue as a result and still no physical brain injury can be found and perhaps not even the slightest sign of a scalp wound. Concussion, then, may exist alone and uncomplicated—this is pure concussion. It is possible to have a temporary compression, for the skull is very elastic and a blow may alter its shape for the moment and concussion symptoms follow. After a severe blow on the head there is first of all a stimulating effect with flashes of light and roaring in the ears, etc. This is followed by the second stage, or stage of depression. The person then becomes stuporous and has a slow pulse; but by no means does he always die. If, however, under these circumstances the pulse becomes rapid, the patient usually dies.

Following a blow on the head, which is of sufficient severity as to cause concussion, we get then: First, the stimulating effect followed by stupor, the person of course falling. The stupor may vary in degree, depending on the severity of the blow. The pupils may be dilated or contracted, equal or unequal—any of these, but there is one pupillary phenomenon we will always find constant and that is that they always react to light. There is seldom paralysis although there may be, and if paralysis is present it may be of almost any variety and is usually very transitory. The temperature is usually subnormal and the extremities are cold and perhaps there is a cold clammy perspiration over the body. The pulse is sixty or under; perhaps as low as forty, and is weak. There is no stertorous respiration. The patient is in this condition for a longer or shorter period of time and if it is a case of pure concussion he soon comes to himself and gets well rapidly for the condition is a transient one. It is at this point that it is all important to be sure the diagnosis is correct, for not only is it worse than useless, but it is absurd to operate upon these cases. If, however, symptoms

should develop which would point to pressure or hemorrhage, then an operation should by all means be performed with the view of relieving the pressure by trephining or controlling the hemorrhage.

Dr. DaCosta then spoke of the after-effects of concussion, stating that he had never seen improvement in a person's mentality follow a severe blow on the head. Many who are apparently well immediately after the concussion symptoms subside, develop other symptoms later. Probably the most common of these later developments is "change of character." A once devoted, respected and highly honored citizen, noted for his veracity and straightforwardness, may become a most unqualified and monumental liar. He will become irritable, vain, selfish and censorious. He may develop epilepsy—not of the Jacksonian type, but essential epilepsy; and he is nearly always very susceptible to alcohol and to the direct rays of the sun or severe artificial heat, such as would be found in a boiler room if he should be so employed. He may develop severe insomnia, headache, mental depression, traumatic hysteria or neurasthenia, vertigo and failure of location of memory; there being, perhaps, a period of his life extending over a number of years, which is a perfect blank to him. A few of these patients go crazy, but these had a tendency to go crazy before the accident; the blow on the head simply bringing to a termination the crisis they had, by self control, been able to ward off or postpone.

There is often a so-called traumatic diabetes which asserts itself by both a glycosuria and a polyuria, and which is explained by an upsetting of the equilibrium of the internal secretions; the posterior lobe of the pituitary body especially being affected by the concussion and the adrenals becoming engorged and congested. With the increased secretion of the adrenals, the internal secretion of the "Islands of Langerhans" is lessened with the resulting glycosuria; while it is thought that the stimulating of the "pituitary" is responsible for the polyuria. This condition is usually transitory, although, because of the damage done in the pancreas during the transitory stage, a true diabetes may follow.

Dr. DaCosta's subject was discussed by Drs. Senseman and Bullock.

The second number on the program was an interesting paper on "Indications for the use of Prismatic Glasses," which was read by Dr. F. D. Castle of Atlantic City.

Dr. Castle said in part: "If after normalizing the eyes, as regards their refraction, correcting any hypermetropia, myopia or astigmatism, and allowing for presbyopia—we find that these glasses, when placed in the trial frames, do not soon produce a feeling of ease and comfort, we should beware how we tell the patient that he 'must get used to the glasses.' We should suspect some want of balance—heterophoria—affecting the external muscles of the eyes, and examine for esophoria—tendency of the eyes inward; exophoria—tendency of the eyes outward, and hyperphoria—a tendency of one eye to rise above its fellow. It is better to wait with the testing of the muscular balance until faulty refraction has been corrected. Now supposing we have tested the muscular balance for the distance,



should we, as a matter of course, incorporate the prism which corrects any heterophoria into the glasses which the patient uses for reading, that is, add it to the spherical or sphero-cylindrical glasses used for the hypermetropia, astigmatism, etc., which may exist? By no means. Our findings in testing the muscular balance for distance, only put us on the right track, as it were, and do not even do this in what is called insufficiency of convergence, with exophoria.

"Let us suppose that we have found a slight esophoria. If the patient is a hypermetrope or has hypermetropic astigmatism, it is not at all surprising that this should be the case, even if there is orthophoria—normal muscular balance. We must remember that the recti interni muscles contract consensually with the ciliary muscles, and that even in looking at an object twenty feet away the ciliary muscles contract to a certain extent. If there is normal muscular balance, a prism, instead of relieving, will produce strain. A prism will lessen the action of that muscle toward whose line of action its base is turned. If the external rectus is overworked, a prism placed with its base outward before the eye, may relieve strain; but let us suppose that a slight esophoria found by testing, is only apparent, not real. A prism with the base outward will cause strain—strain of the internal rectus, because the apex or refracting angle of the prism causes increased action of that muscle toward whose line of action the apex is turned. If the esophoria is large, it will of course be necessary to use a prism in order to relieve the strain which it causes.

"Coming now to exophoria, long experience teaches us that for the most part, these cases will require, for the relief of strain, prisms with the bases inward, the strength of the prism to be determined by the empirical method. Even in the very worst cases of eye strain, dependent on exophoria, we will never require a stronger prism than one of 6 degrees, base inward, before each eye.

"How can we have insufficiency of convergence without exophoria? If the internal recti are weak, would not the external recti draw the eyes outward, when the tests for heterophoria are applied? The answer is very simple. If the recti interni are weak, and the recti externi are proportionally weak, there will be orthophoria. If, after correcting defective refraction in the most exact manner, we find normal muscular balance—orthophoria—and the patient still complains of strain, we should suspect insufficiency of convergence; and may find that weak prisms, base inward, will do wonders when added to the other elements of the glass, banishing every trace of the discomfort. In this case we make the positive diagnosis *ex juvantibus*.

"Hyperphoria is relieved by a prism, base up or down, before the eye; but we must make sure, by employing the reading test, that we have to do with a real, and not an apparent hyperphoria. In the case of hyperphoria also, we make the positive diagnosis *ex juvantibus*."

Dr. McKay of Philadelphia discussed anterior poliomyelitis and showed some excellent slides illustrating convalescent cases.

The Board of Censors reported favorably on the names of Drs. Marcus and Reed of At-

lantic City, and they were duly elected to active membership.

#### ESSEX COUNTY.

Richard J. Brown, M. D., Reporter.

The Academy of Medicine of Northern New Jersey held its meetings in November as follows.

The Section on Pediatrics met November 2, 1916. A paper on "Proper Treatment and Care of Poliomyelitis Patients," was read by Dr. Henry W. Frauenthal, New York City, surgeon and physician in chief of the New York Hospital for Deformities and Joint Diseases, before a large audience. Dr. Frauenthal discussed the above subject. He elaborated many points in the treatment as conducted in the hospital. He also showed the advantages of electricity used in conjunction with intelligent massage and manipulations. He laid emphasis on the fact that every other day treatment was better than every day treatment, that rest was a prime requisite, and that too much manipulation should not be done. He illustrated with photographs the practical methods of treatment and impressed his listeners with the value of the work being done.

Dr. Harrison S. Martland opened the discussion and traced the history of the investigation of poliomyelitis. He showed that the grey matter of the brain on autopsy was a scarlet to copper red and pathognomonic of poliomyelitis. Dr. Twinch told of the practical work that was being done for crippled children in Newark, at the Hospital for Crippled Children. Dr. Holden illustrated his discussion with photographs and practical appliances used in the same hospital. Dr. Keppler followed and also discussed the practical uses of braces.

The stated meeting of the Academy was held under the auspices of the Section on Surgery, November 15, in the Department of Health Building. Dr. Fred H. Albee, professor of surgery in the Post-Graduate Hospital, New York, exhibited moving pictures of bone surgery as practiced in his hospital in Franch last summer and told of his experiences in war hospitals and of his glimpse of the great European struggle.

Plastic bone work, little more than glorified carpentry; the success of French physicians in restoring features of soldiers with head wounds which otherwise would make them mere caricatures of men; the rapid healing of jagged flesh wounds by Dr. Alexis Carrel through use of the Dakin solution—these were some of the speaker's subjects.

Two striking motion pictures seen by the physicians were of operations in which Dr. Albee supplied for one patient four inches of bone in the upper arm and for another a dowel peg of bone which held together a fractured hip joint, so a set could be effected. In the first case the arm hung like a flail, but was even more useless, being boneless in part. The ends of the bone were laid bare and in each end a channel was cut by a small double motor saw in the hands of the surgeon. Incision was then made in the patient's leg and the tibia laid bare. The little double saw in a few moments cut out a piece of bone, the ends of which were fitted exactly into the channels in the arm bone. A motor drill placed holes in the arm bone and

kangaroo tendon was inserted and tied, to hold the borrowed piece of bone in place. Fragments of bone stripped from the pieces taken out of the channels were placed around the graft to supply new bone-making material, and both incisions were sewed up. In the other operation the hip bone was bared and the motor drill speedily made a hole for a peg. From the other leg was sawed a piece of bone which was rounded off by machine to the requisite size. The peg was then driven home by a small hammer and a tool which resembled a nail punch. In both cases sound limbs resulted in spite of what appeared to be hopeless difficulties.

Dr. Albee, who was in Europe three months demonstrating his bone graft technique, also offered some sidelights on the war. He told of an aeroplana flight, of seeing evidences of steel nets stretching for miles off Havre to enmesh submarines, of a distribution hospital in the Champagne district, which was built in one night, and the next day when the drive began handled 3,000 patients.

The Section on Medicine met on November 14. Dr. H. A. Tarbell of Newark presented a very instructive paper on the "Bacteriological Diagnosis and Differentiation of the Typhoid and Para-typhoid and Colon and Para-colon Indications." He spoke of the differentiation, bacteriologically, between the bacillus typhosus, bacillus coli communis and bacillus para-typhoid "A" and "B." Incidence of number of cases on border led to interest in cases and in some regiments in Arizona as many as 20 per cent. were down with it. He spoke of the importance of the disease to the clinician, whether his case be one of clinical typhoid or mongrel type, so-called para-typhoid can oft-times only be differentiated by means of agglutination with stock cultures of the two strains of para-typhoids. Bacteriologically they grow like colon and typhoid except that in sugar agar the para typhoids produce gas while the typhoid does not, and one interesting feature is that para-typhoid produces gas in lactose agar while the others do not.

The para-typhoids look like colon under the microscope and have sluggish movement or no movement. Many authorities differ on the point whether typhoid serums agglutinate para-typhoid cultures, but it had not been his experience that this happens. The laboratory is keeping on hand 24-hour bouillon cultures of both stains of the para-typhoids and is ready to make agglutination tests of bloods, in the same manner as has been done in typhoid for many years. The outfit for collecting the blood is the same as that used for typhoid fever.

Dr. Charles A. Tteeter illustrated the symptomatology of the diseases, and Dr. William O'G. Quimby gave a resume' of the incidents of these diseases in the troops at the border. Dr. R. N. Connelly, chief of the city bacteriologic staff, discussed the paper in his usual masterful manner.

The Pierson Memorial Library Association of Orange met November 22, 1916. Dr. Walter M. Brickner of Mt. Sinai Hospital, New York City, spoke on "Subdeltoid Bursitis." He divided his case into hyper-acute cases, chronic cases, e. g., those similar to rheumatism and neuritis and usually treated as such until discovered to be otherwise, and the chronic with

exacerbations, where the patient was comfortable for months, and then the infection would light up and would usually require operation. He declared that the deposit of lime was not in the bursa, but on or in the tendon sheathe and might occur in twenty-four to forty-eight hours. He advises trying graduated abduction, followed by exercise. He stated that operation was usually followed by cure at the end of two weeks.

The paper was discussed by Drs. Runyon, Harvey and Chamberlain.

### HUDSON COUNTY.

Paul O. M. Andreae, M. D. Reporter.

The Hudson County Medical Society held its first regular meeting at the Carteret Club on Monday evening, October 2nd.

The interest evidenced by the large attendance deserves commendation.

The usual routine business was transacted following which the election of officers was held. The following officers were elected.

Dr. H. J. Bogardus, president; Dr. W. H. Axford, vice-president; Dr. C. H. Finke, secretary; Dr. H. H. Brinkerhoff, treasurer, Dr. P. O. M. Andreae, reporter.

The following applications were referred to the censors: Dr. L. Pyle, 678 Bergen avenue; Dr. E. M. Mount, 311 Fairmount avenue.

Fred H. Albee gave a very interesting lecture on War Surgery in France in which he told of his experiences in the war zone. This he illustrated with motion pictures. Aside from being educational and interesting it was humorous for he illustrated how papier mache may be used for the beautifying of those poor individuals who are marred in the present war.

All in all the lecture was well worth attending and we are in hopes of having several more that will be as interesting in the ensuing year.

### November Meeting.

The second regular meeting of the Hudson County Medical Society was held at the People's Palace, Bergen avenue and Forrest street on Wednesday evening, November 8th, 1916.

Dr. W. Homer Axford of Bayonne, vice-president, presided. The regular business was transacted and Dr. Louis Pyle and Dr. Elmer M. Mount, Jr., were elected new members.

The paper of the evening was delivered by Dr. Ernest Laplace of Philadelphia, who was an associate worker with Pasteur the wonderful French chemist at the time of his epoch-making discoveries in France. Dr. Laplace, being an able lecturer and a great admirer of his instructor, gave a lecture which was greatly appreciated by all present and was a great loss to those unable to attend.

A brief outline of the professor's lecture follows:

Pasteur being the first to discover bacteria, used as the basic principal of his experiments the theory that "all that lives must die, and dying, disintegrate and change into its component elements," otherwise the world would be uninhabitable. In his experiments Pasteur proved that it was the yeast plant which caused the fermentation of the barley which made the beer, also the fermentation that made the wine and claret. He also found the



cause of the destruction of the silk worm in Southern France and remedied the same. He isolated the cause of chicken cholera and used an attenuated serum for its prevention. Likewise his experiments included anthrax or splenic fever and the use of an attenuated culture as a preventive. Last but not least was his treatment of Asiatic cholera and hydrophobia which is well known to us all.

Pasteur was the first to discover: 1st, Micro-organisms; 2nd, to attribute disease to specific organism; 3rd, to use an attenuated serum as a prophylactic; 4th, to use a prophylactic as a cure for disease.

In conclusion, Professor Laplace stated that medicine and surgery should be divided into two main divisions: Before and After Pasteur.

The society was so impressed with the lecture that a rising vote of thanks was tendered to Dr. Laplace. The Hudson County Medical Society strongly recommends Dr. Laplace to the other medical societies and feels confident that once having heard his lecture the lives of the great pioneers of medicine and surgery will be given more room in the medical men's minds.

#### MERCER COUNTY.

Irvine F. P. Turner, M. D., Reporter.

The regular monthly meeting and the annual banquet of the Mercer County Component Medical Society was held at the Trenton House, Tuesday evening, November 14th, 1916, at eight-thirty o'clock, Dr. H. D. Bellis presiding.

Dr. Shepherd being ill, his absence was noted and commented upon; it was unanimously agreed to express to him, our kind thoughts and wishes for a speedy recovery.

Along with a number of invited guests, we had with us one, whom we were delighted and glad to see, Dr. Wm. H. Iszard of Camden. A cordial welcome greeted them. Owing to the "hunger pains" of a few members from the out-of-town contingent, the regular order of business was dispensed with. The major part of the evening was taken up by the thirty members present, taking in the bounteous repast placed before them. There seemed to be no time for lengthy papers, or discussions, except the "autopsy held in one corner of the room," over how and why it happened last Tuesday, November 7th.

Our jovial and very congenial member, Dr. Lalor, rendered his famous solo, Bingo, to the satisfaction of his hearers, they demanding encore, he very readily and amiably complied with another equally as good, entitled, "The Grasshopper Jumped Over the Other Grasshopper's back. The singing of college songs by the members accompanied by the orchestra was indeed very impressive and thoroughly enjoyed, especially the one rendered by Dr. Scammell.

In conclusion, let me urge a full attendance of our meetings. We need your help, men, your voice and active presence is required, if there is any good reason why its impossible for you to do so, come and tell us about it and I am sure something can be done whereby it can be eliminated and the society and all its members will be very much benefited.

#### MIDDLESEX COUNTY.

Herbert W. Nafey, M. D. Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held November 15th at the Perth Amboy General Hospital, Perth Amboy. In the absence of the president, vice-president and secretary, Dr. F. M. Donohue was chosen chairman and Dr. H. W. Nafey, secretary.

The regular order of business was suspended. Dr. M. S. Meinzer presented a child seven months of age who had a tumor in the abdomen. A committee was appointed to examine the child and report to the society; after doing so the committee reported as the diagnosis—sarcoma of the kidney and recommended operation. After some discussion the report of the committee was approved.

The society then had the opportunity of hearing a most instructive and interesting talk by Dr. C. R. O'Crowley of the Post-Graduate Hospital of New York on the subject "Urological Therapeutics." Dr. O'Crowley outlined briefly, in the limited time at his disposal, the course as given to graduate students at the above-mentioned hospital.

He first considered acute urethritis of the gonococcal type. Dividing the course of this disease into three stages, he outlined the method of diagnosis and treatment of each. The diagnosis of the stage in which the case is found is based on the two glass specimens. In 1st stage, 1st glass cloudy, 2nd clear; 2nd stage, 1st glass almost clear, 2nd, shreds; 3rd stage, 1st glass clear with floaters, 2nd clear. In the first stage, treatment consists of deep instillations of freshly prepared argyrol from 30 to 50% by means of the Keyes-Ultyman catheter. Solutions in this strength which have stood for two hours or longer become somewhat irritating when injected into the urethra. The solution should be held in the urethra for about fifteen minutes and the treatment repeated about three times a week. In the second stage, deep instillations of 1 to 2% silver nitrate or solution of picratol 2%, held in and repeated as in 1st stage. In third stage, deep instillations of Lloyd's colorless hydrastis, in full strength or

Zinc sulph.

Powdered alum

Phenol, aa, gr. iv

Glycerine, 3iv

Aquae, q. s. 3iv

Used as above.

Internally during first stage:

Olei santali

Pot. citratis, aa, 3ss

Muc. acaciae, q. s.

Syrupi simp., 5vi

Aquae menthae pip., q. s., 3iv.

Make emulsion.

hours after meals.

This medication is to be accompanied by  
**Signa:** One or two teaspoonsful one to two times the ordinary instructions on the use of a bland diet and moderation in all activities.

The speaker mentioned that sandalwood oil is the only drug which can be administered by mouth which gives an unfavorable ground for the growth of the gonococcus.

In place of the above prescription the following may be used:

Capsules areheol, No. 100.

Signa: Ten to twelve capsules a day.

The following are exceptions to the preceding course of treatment: (1), Do not begin treatment until irritation about the meatus has subsided; (2), do not give treatment unless second urine is clear.

Balanitis—Treatment consists of a wet dressing of lotio nigra N. F.

Phimosis and Paraphimosis are no longer treated by the single dorsal incision but preferably by bilateral incisions, making an anterior and posterior flap of the prepuce which can be more easily kept clean.

Chordee—Empty the bladder and apply towels wrung out in cold water. If this does not suffice, direct patient to lie on his back and raise one leg fully extended about a foot from the bed until forced to drop it from fatigue, when the condition in the penis will have disappeared.

Seminal vesiculitis—Best treated by hot irrigation by rectum and hot sitz baths.

Arthritis—Was mentioned only to point out the unsatisfactory results from vaccines.

Venereal Warts—Touch each with bichloride of mercury 5i to collodion 3i, after surrounding the base of each with vaseline.

Cystitis—Symptoms: Chills, fever, pyuria, dysuria, frequency and at times terminal hematuria. Treatment. Rest in bed and heat.

The speaker stated that the use of ice is uncalled for in genito-urinary surgery.

Heat is best applied by irrigation with normal salt solution at a temperature of 120° F. three times a day, or hot sitz bath twice a day with hot water bag over bladder.

Internally:

Tr belladonnae, 3ii

Sodii benzoatis, 3vi

Aqua gaultheriae q. s., 3iv.

Signa: Teaspoonful every four hours, S. O. S. for frequency.

If this fails to give relief:

Ext. opii, gr vi

Ext. hyoscyami, gr. v

Olei theobromatis q. s., suppos. No. vi

Signa: Insert one in rectum at bed time.

Chancroid—Apply cocain solution 2% and cauterize with mud of potassium permanganate. Apply wet dressing of the same, in strength of 1 to 2000.

The speaker advocates the use of the woven catheter in conditions which require the passage of these instruments, in preference to the metal instrument.

After the demonstration of a set of the above mentioned instruments the meeting was adjourned with a vote of thanks for Dr. O'Crowley's instructive address.

### TRI-COUNTY MEDICAL SOCIETY OF SOUTH JERSEY.

Elton S. Corson, M. D., Reporter.

The annual meeting of the Tri-County Medical Society of South Jersey—Cumberland, Salem, Gloucester—was held at the City Hall, Bridgeton, October 24th. The following officers were elected: President, Dr. Millard F. Sewall, Bridgeton; first vice-president, Dr. William H. James, Pennsville; second vice-president, Dr. H. A. Stout, Wenonah; secretary-treasurer, Dr. George E. Reading, Woodbury.

Dr. Peter H. Lane, of Philadelphia, read a

very interesting and instructive paper, entitled "Neuroses and Insanity," from the practitioner's standpoint. He told how insanities are of two origins, strain and heredity. Under the first he put as causes, occupational strain or disease, alcohol, syphilis and excesses. Under the second the tendency is inherited and has its basis in some nerve taint. The tendency is inherited from an alcoholic, diseased or nervous parent. The speaker pointed out that alcohol is one of the chief sources of insanity. It is not the person who goes off on a drunken bout who goes insane but the everyday tippler, the constant irritation of the brain breaking down vitality. He dwelt upon delusions, epilepsy, the rest cure, etc.

The treatment of melancholia consists largely of absolute rest, even eliminating the electricity and massage of the S. Weir Mitchell treatment. He prefers three good meals a day to frequent feeding as it tends to give the patient the feeling that he is not an invalid. Give bromides enough to lessen reflexes and keep patient relaxed; eliminate with epsom salts and normal salt solution enemas. The prognosis depends on the number of hallucinations present; if one it is greater than when there are many.

The next meeting will be held at the Hotel Paul, Woodbury.

### Warren County Medical Inspectors' Ass'n.

The semi-annual meeting was held last month, Dr. T. S. Dedrick of Washington presiding.

Dr. G. W. Cummins read a paper on "Infantile Paralysis"; Dr. F. S. Gordon on "Some Things Teachers Should Know"; Dr. F. J. La Riew on "Relationship of Retardation to Physical Defects," and Mrs. Elizabeth Woodward of Belvidere on "Sub-Normals Who Need a Special School."

## Local Medical Societies' Reports

### SUMMIT MEDICAL SOCIETY.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, October 27, 1916, at 8.30 P. M., Dr. English entertaining and Dr. Krauss in the chair.

Present Drs. Baker, Bebout, Campbell, English, Corton, Jaquith, Keeney, Krauss, Lamson, Meigh, Moister, Prout, Smalley, Tweddell, Wolfe and Drs. Runnells, Gray, O'Reilly, Tator and Bensley as guests.

Minutes of the last meeting were read and approved.

The treasurer made a report, showing a deficit in the treasury on October 1, 1916, of \$2.48.

Dr. John E. Runnells, of Bonnie Burn Sanatorium, read the paper of the evening on "Sanatorium vs. Home Treatment of Tuberculosis." The great advantages of sanatorium treatment of these cases are the removal of foci of infection and the prevention of spread to children and others in the family; the greater care with which details of general treatment can be carried out and special lines of treatment such as the use of tuberculin, artificial pneumothorax, exercise, etc., can be undertaken; the better handling of complica-



tions, and attention to proper diet, etc. Careless or vicious cases should be committed to sanatoria for the protection of the community, and the law makes provision for such commitments. Advanced cases should be segregated. Adequate provision for children is very necessary. Some cases, however, who suffer from nostalgia do as well at a sanatorium as at home, where the food can be possibly more varied and better prepared, and other comforts obtained.

The paper was discussed by Dr. Gray of Orange who called attention to the high incidence of infection in the other members of a family in which there is an open case of tuberculosis. The ideal and only practicable method for eradicating the disease is (1), a preventorium for children who have been exposed, (2) a sanatorium for incipient cases and (3) a hospital for the advanced cases.

The paper was freely discussed by other members present.

#### Westfield Medical Society.

Frederick A. Kinch, M. D., Reporter.

The annual meeting of this society was held in October when the following officers, for the ensuing year, were elected: President, R. R. Sinclair; vice-president, L. G. Newman; secretary-treasurer, R. G. Savoye. The president appointed F. A. Kinch and R. G. Savoye as the Publicity Committee. After routine business C. L. Decker read a paper on "Diseases of the New-born," which was discussed by all members present. After adjournment Dr. and Mrs. Newman entertained the society with refreshments and a social hour.

The November meeting was held on the fourteenth at the home of F. A. Kinch. The usual order of business was transacted and R. G. Savoye read a paper on "What Is Infantile Paralysis?" This paper was much enjoyed by the members and freely discussed. The doctor set forth some new and original ideas as to the cause and pathology of this disease. After the closing of the meeting refreshments were served.

The meetings of the society are much enjoyed by the members and are productive of sociability and good fellowship. Interesting cases are reported and discussed, and recently the society subscribed for the weekly case records of the Massachusetts General Hospital which are greatly enjoyed.

### Other Organizations.

#### National Association for the Study and Prevention of Tuberculosis.

The third annual meeting of this association was held last month in joint session with the N. J. Anti-Tuberculosis League and the Newark Anti-Tuberculosis Association. Among other matters discussed and acted upon it was urged that a hospital for tuberculosis patients be established in every county, in addition to tuberculosis clinics, the employment of county nurses and more open-air schools.

#### New Jersey Anti-Tuberculosis League.

The third annual session of the League was held in Newark, October 22, when the fol-

lowing officers were elected for the ensuing year: President, Dr. Crankshaw; secretary-treasurer, Ernest D. Easton. Drs. R. H. Hunt and J. N. Ryan are members of the executive committee. At a subsequent meeting held in Wallace Hall Supreme Court Justice F. J. Swayze, president of the Newark Anti-Tuberculosis Association presided, when "Health Insurance" was discussed.

#### Trades Union Anti-Tuberculosis Association.

The annual benefit entertainment and ball of this association was held in the Krueger Auditorium, Newark, November 20th, the entire proceeds will go to the work of the association. From the time of the organization of the association until now, Dr. Issac E. Gluckman, physician for the association, has made 11,340 visits to patients, 6,420 prescriptions have been filled, 4,452 dozen eggs and 26,646 quarts of milk have been furnished. The total expenditures for these items have been \$14,369.

### Announcement of Meetings.

#### New Jersey Conference on Tuberculosis.

This conference will be held during tuberculosis week which begins December 3. The sessions begin December 5, in the Board of Health Building, Newark. Among those who will speak at the conference are Dr. Haven Emerson, Dr. William H. Park, Miss Elizabeth Gregg, Dr. B. H. Waters, Dr. Maurice Fishberg, Dr. S. Adolphus Knopf and Dr. William B. Northrup, all of New York; Dr. Julius Levy, Dr. Frederick L. Hoffman, and Dr. I. E. Gluckman of Newark, Dr. Theobald Smith, Princeton, and Miss Lillian Erksine, Trenton.

In planning a program, the temporary organizing committee has kept constantly in mind the epidemiological aspect of tuberculosis. It has felt that in considering tuberculosis with reference to housing conditions and their environmental factors, it should not be overlooked that tuberculosis is infectious. Various organizations and individuals are co-operating to make the conference a success.

#### New Jersey Sanitary Association.

The forty-second annual meeting of this association will be held in the Laurel-in-the-Pines Hotel, Lakewood, N. J., on Friday and Saturday, December 8th and 9th. The first session at 3.30 P. M. on the 8th. Dr. G. E. McLaughlin, of Jersey City, is president, and Dr. Edward Guion, Atlantic City, is secretary. The program, which is one of more than ordinary excellence, was outlined in the November Journal.

#### Eye, Ear and Throat Specialists to Meet.

The committee on transportation of the American Academy of Ophthalmology and Otolaryngology announces that the members will leave Chicago, December 9, at 10.15 P. M. by the Illinois Central Railroad, arriving at Corinth, Miss., at noon the next day, where they will take a 50 mile drive through the National Military Park, reaching Memphis at 7.10 the same evening. After the Memphis meeting it is proposed to go to New Orleans, returning by way of Mobile, Birmingham,

Chattanooga and Cincinnati. Dr. Harry S. Gradle is in charge of the arrangements for this trip.

#### Academy of Medicine of Northern New Jersey.

The stated meeting will be held on Wednesday, December 13, at 8.45 P. M., under the auspices of the Section on Obstetrics and Gynecology.

Dr. Hiram N. Vineberg, visiting gynecologist Mt. Sinai Hospital, New York, will read a paper on "Treatment of Septic Incomplete Abortion."

Section on Pediatrics, December 11, at 8.45 P. M.—Report of cases and paper by Dr. A. L. Goodman, visiting physician to Dr. Jacobi's Children's Ward, German Hospital, N. Y., on "Auto Serum Treatment of Chorea."

Section on Pediatrics, December 11, at 8.45 P. M.—Papers: (a) "Modern Treatment of Syphilis," by Dr. Henry H. Morton; (b) "Historical Evidence of the Origin of Syphilis," by Dr. James H. Rosenkrans.

Section on Eye, Ear, Nose and Throat, December 27, at 8.45 P. M.—Report of cases. Paper on "Squint," by Dr. Linn Emerson.

#### Medical Library Association.

The annual meeting will be held at the Public Library Building, Newark, on Friday afternoon, December 29th, at 4.30 o'clock.

**Dr. Bulkley's Lectures.**—The governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley, assisted by the attending staff, will give the eighteenth series of Clinical Lectures on Diseases of the Skin, in the Out-Patient Hall of the hospital, on Wednesday afternoons, beginning November 1, 1916, at 4.15 o'clock. The lectures will be free to the medical profession on the presentation of their professional cards.

#### Dr. Chagas to Lecture at Harvard.

The Brazil Medico of October 7 states that Dr. Carlos Chagas of the Institute for Experimental Pathology at Dio de Janeiro has been invited to conduct a course on tropical medicine at Harvard University by Professor Strong, who has the chair of tropical diseases. Dr. Chagas has accepted the invitation.

### Miscellaneous Items.

"Have you had a summer vacation?" "Yes. Just finished it. Now I'm going home to get some rest."—Washington Star.

We did not hear whether this was one of our physician vacationists who recently returned home expecting to find that all his patients had recovered during his absence.

#### Rahway Doctors Adopt Price Scale.

At a conference of Rahway physicians held at the office of Dr. George L. Orton, a new scale of rates was agreed upon, every physician in the city signing the agreement for the following minimum charges: Office visits, \$1; visits to homes in city, \$1.50; outside of city, \$2; night calls between 9 P. M. and 6 A. M., \$3; administration of anesthetics, \$5; obstetrical cases, \$20 to \$25; certificates of illness and for life insurance, \$1 to \$10.

**It costs far more to practice medicine to-day than it did ten years ago.** In the first place, the cost of living has doubled. To-day the automobile is almost a necessity in general practice to give the quick service which the public demands. And to cap the climax comes the inflated cost of drugs—a serious consideration for the physician who dispenses.

Yet in many counties in this State, medical practitioners are working for the same scale of fees their grandfathers worked under fifty years ago—when eggs were ten cents a dozen and garage charges were unknown.—Ohio Journal.

#### Proprietary and "Patent Medicine" Prescribing

America has been called "The Paradise of Patents." For the immense fortunes that have been accumulated by the proprietary and patent medicine combinations, the promoters owe a debt of gratitude to the members of the profession that will never be revealed until the victims file their complaints at the opening of the books of "the recording angel." The course pursued is not so much a reproach on the integrity of the doctors as a reflection on their common sense and business acumen. While enriching the manufacturers, the dispensers have gained little and the patients have been made "poor indeed." The "proprietary prescribing habit" has been as fatal to the best interest of doctors as the "dope habit" has been destructive to the health and happiness of its unfortunate victims.—Crenshaw, Kentucky Med. Jour.

#### Patent Medicine Advertising.

A special committee of the Retail Merchants' Association, Washington, D. C., on "patent medicines and their advertisement" has recently reported that the newspapers of Washington have as a whole made more progress in purging their columns of objectionable advertisements of quack medicine than an equal number of newspapers in any other city of the same size in the United States. That there is still room for improvement is shown by the committee's appeal to all daily papers to refuse to print false medical advertisements. Dr. Lyman F. Kebler of the department of agriculture was on the committee to represent the interests of the public in the matter, and acted as chairman. The association unanimously adopted the report.

**Alcoholism at Altitudes.**—There is another very striking fact in mountain climbing worthy of note, namely, that persons who consume much alcohol are much more susceptible than others to mountain sickness. This is akin to the fact noticed by us that alcoholics are also very susceptible to poisoning by carbon monoxide.—Glaister.

#### Loosening Glass Stoppers.

F. A. Steensma (Chem. Weekblad) says that when the usual methods of loosening glass stoppers do not avail, a small quantity of ether poured on the neck of the bottle so that the ether may penetrate as much as possible between the stopper and the neck, then warming the outer side of the neck with warm water, will frequently loosen the stopper.



# THE JOURNAL

OF THE

## Medical Society of New Jersey

DECEMBER, 1916

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,  
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

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*PLEASE do not make it necessary for the officers of the State Society to harp about the collection of dues throughout next year. Pay yours now. Send the Treasurer of your county society a check covering the amount today so that he may remit to the Treasurer of the State Society on or before January first—the day on which it is due. It is easier to attend to this matter now than later, and it will save all of us much bother.*

### DO NOT FORGET.

That the Journal of the Medical Society of New Jersey goes to practically all the State Societies in the country and to many individuals in different sections of the country; it ought therefore to give full reports of the splendid work the medical men of New Jersey are doing in private practice, in their county and local medical societies and in the various hospitals.

We, therefore, ask and urge not only reporters and secretaries, but also individual practitioners to send to the Editor—to New Brunswick, not to Orange—reports of society meetings in all cases as soon after the meeting is held as possible. Where able and practical papers are presented or address delivered, secure them for our Jour-

nal, or if not able to do so, give a brief outline of them in the society's report to the editor. Individual practitioners are requested to send reports of unusual or interesting clinical cases occurring either in their private or hospital practice. We are reminded by our printer that these reports ought either to be type-written or very legibly hand-written to avoid mistakes in typesetting.

We hope our readers enjoyed a bright and happy season of Thanksgiving last month which enabled them to look forward hopefully to the work of the last month of another year. We realize that there were some who, in recalling the causes for thanksgiving, were saddened by the absence of loved ones, as we all were by the severe losses in our Society's membership, but we found cause, even in this, to give thanks for the grateful memories of their lives and services, which abide and are cherished.

Let us all enter upon the work of this last month of 1916 resolved to make it the best of the year, so that we may enjoy—what the Editor wishes every reader of the Journal—a very

## Merry Christmas

and be prepared for the opening of a new year of life, service and greater achievement.

### FORE-WARNED—FORE-ARMED.

The members of the Medical Society of New Jersey need to be awakened and to become alive and active in view of the dangers that threaten them and the highest and best interests of our State and its citizens. A new Legislature will convene next month and while we believe, from our slight knowledge of the men who have been elected, that the intelligence and character of the men chosen are above the average of late years, there are indications that desperate efforts will be made to further countenance and favor the selfish and unscrupulous fakers and quacks who for greed of gain seek legislative enactments that will enable them to overthrow the safeguards of the health and lives of our citizens. Then we need to watch and seek to guide legislation affecting the interests of our profession in the matter of medical compensation laws in connection with Workingmen's Compensation and Social Insurance, so that such laws as may be

proposed and passed shall be just and equitable to all parties interested (see editorial on Social Insurance from the Illinois Journal on page 687 and the two editorials following it.)

The medical profession will never cease to be governed by the spirit of true altruism that it has always exhibited—beyond that of every other profession or class of men—but in order to do so, it must not be hampered or imperilled by laws that threaten its vigor and efficiency and its very life. We call attention to the following remarks of one of the honored guests we were pleased to welcome at our Sesqui-Centennial celebration last June:

In an address before the First District Branch of the Medical Society of the State of New York, President M. B. Tinker of the State Society said:

There were a number of medical societies whose only purpose was the advancement of scientific knowledge, but which had no concern with medical legislation, so that it remained to the National and State societies to secure the enactment of proper medical laws. They would have to keep an eye on the laws affecting medical practice, and they should be familiar with medical compensation laws in connection with the Workingmen's Compensation. If physicians did not protect their own interests in these matters no one else was going to do so. The physician who had among his patients the family of a member of a legislative committee could exert more influence with such a man than some official of the State Society with whom the man was not acquainted. Here was a great opportunity for the country practitioner to show what he could do, for the time to stop objectionable legislation was not after it had reached a legislative committee; such legislation should be killed, before it reached any committee, by the local medical societies. These results could not be attained without personal sacrifice, but it was the plain duty of all to take up their responsibilities in this matter and not to leave everything to their officials.

These are words of wisdom to which we need to give heed and earnest thought and action, for they apply with equal force to the conditions and needs of the profession in our State. We call special attention to Dr. Tinker's remark, that "*the time to stop objectionable legislation is not after it has reached a legislative committee; such legislation should be killed before it reached any committee by the local medical societies.*" Every county Society should have a Committee composed of men of good judgment and influence, and it might be well if a joint meeting of the State Society's Committee on Legislation and at least one member of each county society's committee, could be held before the legislative session

begins, to plan for practical and systematic co-operation in work.

We have an excellent State Society Legislative Committee which has done splendid work, but it has not been properly sustained by the profession. We are glad that Dr. H. B. Costill, its able chairman, was persuaded to withdraw his resignation and serve during another year and we urge every county society and every member to give him and his committee that support which he ought to have and which the interests of our profession and the welfare of the public demands. We believe, from his past record as a legislator, that the incoming Governor—Ex-Senator Walter E. Edge—will favor any legislation we ask that he believes will raise the standard and efficiency of the medical profession and will conserve and promote the welfare of New Jersey and its citizens. That is all we desire and ask of him and of our legislators.

#### ANOTHER STEP IN HIGHER MEDICAL EDUCATION.

Among the remarkable developments in medicine anywhere, at any time, are the changes that have occurred in medical education in the United States during the last ten or fifteen years. Once regarded as a disgrace, the standard of medical education in this country recently has advanced so rapidly that to-day it is equal to that of any other nation so far, at least, as the majority of medical teaching institutions are concerned. This change has occurred partly through the generosity of wealthy men and women who have contributed millions to medical schools and to medical research; partly because the medical profession itself became aroused to the wretched conditions in medical education, and undertook to rid itself of the incubus of the purely commercial medical school. Both were necessary to bring about the rapid advances that have placed American medicine in the high position it now occupies.

The announcement just made of the establishment, as a department of the University of Chicago, of a new medical school, complete with post-graduate departments, extensive hospital facilities, numerous research branches, with a standard as high as that of any medical school here or abroad, and with an endowment sufficient to meet the expenses connected with full-time, paid instructors in all departments, is one of the most important events connected with the rapid develop-



ment of scientific medicine and medical teaching in this country. It means much not only to medical education, but, more important, to public health, for it will be not only a teaching institution—an institution that will make for better and more broadly and practically educated medical practitioners—but also an institution for the development of preventive medicine. It means much to the city of Chicago—once the home of more quack medical colleges and diploma mills than any other city in the world. It will aid the city, which was the plague spot of medical education, to rid itself wholly of the commercial school and to develop medical institutions second to none. But the influence of this new institution will be broader than the city or the State in which it is located. It will be national, and will reach out and stimulate good work in every part of the country.—*Amer. Med. Asso'n Journal*.

The plans for the establishment of this new medical school require for their consummation a total of \$7,300,000, of which \$2,000,000 already exists in the endowment of the two-year medical department now conducted by the University of Chicago, while \$2,000,000 more is provided for by the gifts of \$1,000,000 each from the General Education Board and the Rockefeller Foundation and \$1,200,000 by private subscription, making a total of \$5,200,000 that has already been secured, leaving \$2,100,000 still to be raised. The trustees of the University of Chicago and of Rush Medical College and the Board of Managers of the Presbyterian Hospital have, by resolution, agreed to the plan under which the gifts of \$2,000,000 are made. The additional money is needed to carry them out, but the plans themselves are not contingent on securing the money.

### MALPRACTICE SUITS.

The editor of *Northwest Medicine* sees in a recent decision of the Supreme Court of Washington, some relief from malpractice suits, in that State, and if the principle is accepted in other jurisdictions, it will relieve many of the dangers which surround the practice of medicine among industrial workers. It appears that one Ross, an employee in a construction company, after receiving a final award from the Industrial Insurance Commission, being dissatisfied with the sum received, brought suit for \$15,000 damages against the doctor who attended him. On trial, the jury awarded the plaintiff a verdict of \$1.00, after which a new trial was granted on the grounds of newly discovered evidence. The defendant appealed from this order, and

the Supreme Court rendered the decision referred to by *Northwest Medicine*, and copied below:

Clearly the purpose of the act was to end all litigation growing out of, incident to or resulting from the primary injury and, in lieu thereof, give to the workingman one recovery in the way of certain compensation and to make the charge upon the contributing industries alone. That purpose is made reasonably clear by reference to the act.

As a further confirmation of the theory that the legislature intended to remove the matter of injuries to workmen "in all its phases" from the law courts, it will be noticed (Sec. 5 h and Sec. 120) that the legislature was careful to provide that the compensation allowed may be readjusted, if aggravation of disability takes place or be discovered after the rate of compensation shall have been established and if circumstances so warrant may be increased or rearranged.

Surgical treatment is an incident to every case of injury or accident and is covered as a part of the subject treated. By the law the commission is given authority (Sec. 24, 4) to "supervise the medical and surgical and hospital treatment to the extent that the same may be in all cases suitable and wholesome." When a workman is hurt and removed to a hospital or is put under the care of a surgeon, he is still, within every intendment of the law, in the course of his employment and a charge upon the industry and so continues as long as his disability continues.

The law is grounded upon the theory of insurance against the consequence of accidents. The question is not whether an injured workman recover against any particular person, but rather is his condition so directly or proximately attributable to his employment as to invoke the benevolent design of the State.

In construing statutes courts have always looked to possible consequences as an efficient aid in clearing doubts. It surely was not the intention of the legislature to leave it to the commission to apportion the compensation allowed by the State with some fancied judgment that might be rendered in a potential suit brought against the attending physician, or to encourage a settlement for a lesser sum than the amount really due by holding out the hope or suggestion that the claimant had a cause of action against a surgeon.

It might be stated that the defense was conducted by the Defence Fund of the State Medical Association.—*Iowa State Society Journal*.

### MALPRACTICE; A CURIOUS COINCIDENCE.

The establishment of the Malpractice Indemnity Fund and the circular letter which was sent out to all members have resulted in a very large correspondence on the subject. Some of this will be referred to in another note. Singularly enough, in one mail came two very interesting letters:

1. A member of the society wrote in,

saying that he had been in practise 25 years; that he did not lack confidence in his skill and judgment; that he was never careless or negligent; that he had never been sued and did not expect ever to be sued; so that while he highly commended the plan, he would not participate in it himself.

2. The second letter was written by a member living less than twenty miles from the residence of the writer of the first letter, and was written in great agitation of mind. The writer stated that he has been in practise twenty-six years, that he had always been careful and faithful in his work, but that the day before he had been served with papers in a suit demanding \$20,000 damages. Unfortunately for the writer of this second letter, he had not paid his dues to his county society at the time he treated the patient suing him and therefore he was obliged to defend the suit at his own expense.

"No man knoweth the day or the hour."  
—*California State Journal*.

#### THE MEDICAL MEN'S EDUCATION.

There is one profession, however, in which the educational processes have been adequately changed, but only within recent years, namely, the profession of medicine. The reason for the comparatively early improvement of medical education is that the medical art has always depended for such measure of success as it attained on the physician's power of accurate observation, and his faculty of reasoning cautiously and soundly on the testimony which his senses gave him. From remotest times the successful physician has been by nature a naturalist.

He saw and heard straight, and his touch gave him trustworthy information. He has still, and must always have, the naturalist's temperament, and he must possess the naturalist's trained senses. The reason that medicine and surgery have within twenty-five years made such astonishing progress is that the practitioner, possessing the senses and mental habits of the naturalist, has been supplied through the progress of biological, chemical, and physical science, with wonderful, new means of accurate diagnosis. The training the medical student now receives is largely individual training in the use of his sense; and this training is given by experts in the use of their own eyes, ears and hands in diagnosis and treatment. The just reasoning follows on the trustworthy ob-

servation. — From Charles M. Eliot: "Changes Needed in American Secondary Education."

#### FINANCE AND THE PROFESSION.

The Journal of the Iowa State Medical Society has an excellent editorial in its July issue on the above subject. After referring to the fact that it is generally admitted that physicians are as a rule deficient in financial affairs, the editor quoted the following from the Texas State Journal of Medicine:

The professional man, in order to attain eminence in his profession, must devote himself almost exclusively to the study of his profession, and his mind is constantly concentrated on subjects as far removed from financial matters and selfish consideration as it is possible to remove them. His prime purpose is to add something to the sum total of human knowledge, and contribute thereby to the welfare of the world. He develops no inclination to participate in commercial enterprises, and if he is successful in his vocation, he has not time for the consideration of such matters. Hence, it is not at all strange that the professional man, and particularly the physician, is a poor business man.

The Editor of the Iowa Journal then says:

It is not strange, in view of the small rewards which medical men gather from welfare service, that a feeling of neglect should grow up in the face of what is seen among lawyers who derive large incomes from the service of great corporations which seek to discover by legal methods how the interests of such corporations may be furthered, and how far they may go and escape the penalties of the law. The medical man himself is often inclined to indulge in a feeling of inferiority because of this difference in appreciation of the services of the law practitioner and the services of the medical practitioner, but as a matter of fact, the members of the medical profession can congratulate themselves, and indeed feel a sense of superiority when they contemplate the fact that many successful commercial enterprises have been almost absolutely dependent on the discoveries of medical science. The helplessness of many enterprises are plainly discernible when we consider the conditions existing before the discovery of the cause of typhoid fever and malaria and yellow fever in Cuba and Panama, and in fact all the tropical countries. There would have been no Panama Canal, and our cities would be constantly exposed to the invasion of epidemic diseases of the most serious and dangerous character had it not been for the discoveries of medical science that certain elements contained in rice produces the disease known as "beriberi;" that the exclusive diet of corn produces pellagra; and that bubonic plague was caused by fleas; and that sleeping sickness was caused by the tsetse fly; that rich producing tropical countries would be almost a barren waste notwithstanding their great productive powers, had it not been for the discoveries of medical science in



the way of destroying the cause of these diseases and opening up all this vast fertile tropical zone to settlement and production.

The wast of human life from typhoid fever and from various infectious diseases, has been overcome. The suffering and death which must attend wars and which must have been incidental to industrial life from accidents and from surgical procedures, have been overcome by the discovery of antiseptics and anesthetics; only a bare consideration of the vastness of the benefits that have come to the human race from medical discoveries, should create in the contemplative medical mind, a degree of satisfaction which should lift him entirely above the smallness of commercial advantages which have been brought about by the skill of the legal profession, was small in comparison to the gains to commerce. If the medical profession could have a proper appreciation of their real value, there would be a deep laid feeling of the true aristocracy to which the medical profession can lay claim.

### DOCTORS AS VENDORS OF NOSTRUMS.

An editorial in the July 1 issue of the Kentucky State Medical Journal, dealing with the strange evidence in the Wine of Cardui suit, given by certain doctors who had used it without knowing its exact composition, closes with the following words which we commend to the thoughtful consideration of our readers:

"What are we going to do about it?"

"What are *you* going to do about it?"

"First, as an organization, let us tighten up our reins a little; at the next meeting of each county society let us have a frank discussion about what each of us is doing, and let the line of cleavage be a little more clearly marked between the pharmacist and the doctor on the one hand, and the country storekeeper and the druggist who recommends patent medicines on the other. A man cannot serve both God and Mammon, and no competent doctor can sell or prescribe secret medical concoctions to sick people and remain within the pale of decency. No doctor can own and operate a drug store and sell patent or proprietary medicines with concealed ingredients to innocent and ignorant men and women and be permitted to retain his self-respect and that of his fellows. We can go much further than this and say that the time has arrived when no physician can continue to prescribe or dispense a medicine of the contents or action of which he is ignorant, and at the same time be a conscientious physician or an honest man.

Now, it is up to you, Doctor, as to whether you are to classify yourself as an honorable member of the greatest profes-

sion in the world, or to classify yourself amongst the vendors of nostrums, whether of the patent or proprietary variety, and outside of the pale of the scientific profession. If you belong to this latter class, please drop the title of "Doctor" from your name and stop disgracing the profession which is lending you undeserved honor and standing. Let us close up the ranks and clean out the rascals, and if a little self-confession and self-correction is necessary in any one of us, let us do a radical operation now, and down here in the Grand Old Commonwealth, at least, let us be honest with ourselves, our fellows, our patrons, and our God."

These are strong words which we hope are not applicable to many practitioners in New Jersey; if there are any who are guilty of this decidedly unscientific and discreditable business, it is a very opportune time, not only to speak strong words, but also to take strong action, as we begin another century of work and strive to make it even more honorable and successful than that of the past 150 years which we have so recently celebrated.

### NEWS FROM BEYOND.

*From the Cincinnati Lancet-Clinic.*

Under the title, "A Message from the Grave," the weekly report of the Board of Health for the week ending May 27, 1916, is one of the most startling that has yet been issued. It apparently brings authentic news from that bourne whence no traveler returns. It is most tellingly written, and the promoters of the medicine mentioned must feel unusually elated over it. Here it is:

"Under date of May 24, 'Tanlac' advertisements appeared in Cincinnati announcing in heavy type: '*He Gave Up Hope; Was Unable to Hold Job. Flora Street Man Had Kidney Trouble. To-day Says Tanlac Restored His Health.*'"

"The man 'credited' with the 'testimonial' is described as a tailor with 'kidney trouble attended by severe pains in the back,' who 'had no appetite and was in a run-down condition'; who 'hardly ate enough to keep a chicken alive' and whose 'trouble came on like this: 'Several years ago I had an accident and my leg was broken in five places. This weakened me and I did not seem able to get over it. My health ebbing and ebbing to such an extent that I just gave up hope. Of course I gave up my job and was unable to work.'"

"At this critical stage he began to take 'Tanlac,' and 'after taking several bottles

of Tanlac' desires to say that, 'It is the greatest medicine on earth. It has given me back my health and with it my strength and vitality.'

"*'My old enemy—sore, stiff back and pains—have entirely left me—entirely—did you get that? I eat and sleep good and feel better in every way.'* (The italics belong to the health officer)."

"Ordinarily the above statement would create very little in the way of comment. but when it is known that the testimonial came from a man *two days after his death*—'did you get that?'—then it is plain that we are bordering on the supernatural and that the Society for Physical Research is due to take notice.

"Keep the dates in mind—testimonial appears May 24—death certificate on file in the Cincinnati Health Department shows that death took place on May 22.

"No wonder that 'my old enemy, sore, stiff back and pain, have entirely left me.' While there is room for reasonable doubt concerning the accuracy of the statement 'I eat good,' no one will question the accuracy of that other portion of the testimonial 'I sleep good.'

"The question naturally arises, 'Do the people financially interested in Tanlac sleep good?'

"The possibilities arising from a judicious employment of this remedy are respectfully referred to 'spiritualistic mediums.' Armed with a bottle of Tanlac the historic trumpet can be discarded entirely, or, better still, transformed into a useful dinner horn. Post-mortem testimony can be secured in murder mysteries and contested wills can have real light shed on obscure details. The possibilities residing in a bottle of this greatest medicine on earth' are not bounded by reason, experience, or the imagination. *Do the manufacturers of Tanlac 'sleep good?'*"

### INCREASED COSTS.

The cost of practically everything has in the last two years increased. This is particularly true of things relating to printing. For instance, the paper on which these words appear has more than doubled in cost within the last two years, making an increased expense of about \$700 a year. This additional cost extends into everything in the shape of paper used in the office, and large quantities of paper of all sorts are consumed in your office every year. Printing ink, and particularly color-

ed inks, have increased enormously in cost. Some colors which formerly sold at 80 cents a pound are now scarce at \$30 a pound.

If any of our members can assist us in securing additional advertisements to help make up some of this increased cost, it will be a great and distinct benefit to your Society.

### REPRINTS.

Once more let us make the statement clearly and definitely, that the JOURNAL has nothing to do with the matter of reprints except to receive the order and transmit it to the printer. No money passes through our hands or our books in connection with reprints. If checks are sent to us, they are either returned to the sender or transmitted to the printer. A question was raised a short time ago as to the increased price for reprints. This is fully explained in another note referring to the increased cost of all materials. As it is, the printer has endeavored to fix a price that will just about pay for the cost of production, making practically no profit on these reprints.

We call special attention to this year's annual meeting of the New Jersey Sanitary Association, because one of our able members—Dr. George E. McLaughlin of Jersey City will preside and a program has been arranged that will be of interest to medical men, as given in our November Journal. Hotel, Lakewood, December 8th and 9th. It will be held in the Laurel-in-the-Pines. All physicians are invited to attend.

We believe that the co-operation of that association's committee on legislation with our State Society's committee would aid in securing sane and safe legislation for the prevention of disease, especially through better organization and more efficient administration of boards of health and of the work of medical inspectors of schools. Standardization and efficiency are the great needs of both.

Special attention is also called to the Tuberculosis Conference in Newark, December 5th, notice of which will be found on page 677.

### New Head for Frank S. Betz Company.

Mr. Louis R. Curtis, for eighteen years superintendent and secretary of St. Lukes' Hospital, Chicago, has been elected president of this company. Mr. Curtis was born in 1865 in Philadelphia. He obtained his college train-



ing at Stevens, graduating as mechanical engineer. In 1889 he entered the hospital field as assistant superintendent of the New York Hospital. During that period he attended medical college, not with an idea of practicing, but to better fit himself for his hospital work. From the New York Hospital, Mr. Curtis went to the General Hospital of Elizabeth, New Jersey, staying there for about one and one-half years. From there he came to St. Luke's Hospital, Chicago, as superintendent and has been the dominating figure in that institution, both as superintendent and secretary, until recently and is now vice-president in charge of the operation of the institution. During the last years Mr. Curtis has also been prominent as a consulting engineer, especially among hospitals, and has introduced many advanced and successful ideas in hospital construction and organization. Mr. Frank S. Betz, under whose control the concern bearing his name assumed its present proportions, will continue with the company as chairman of the board of directors and give the organization the benefits of his long experience and training.

#### The Passive Transmission of Defensive Ferments and its Relation to Research on Dementia Precox

Dr. Bayard Holmes, of Chicago, in an article in the *Lancet-Clinic*, Cincinnati, says:

In a foregoing editorial the attention of readers was called to the fact that defensive ferments can be carried over from one animal in which they originate to a second or third animal by the injection of a small amount of the original animal's ferment-bearing blood serum. This remarkable phenomenon is analogous to the already recognized and established fact that immunity and anaphylaxis can be passively secured in much the same manner. The researches of Abderhalden and Grigorescu, of Arno E. Lampe, and of A. Fauser leave no doubt in our mind that this laboratory phenomenon is an established rule, and our previous experience with immunities and anaphylaxis leads to the conclusion that these ferments remain permanently in the blood thereafter. It is pretty clear that few men are willing to spend the time and energy necessary to perfect themselves in the methods of Abderhalden, and probably no clinician or country practitioner can take the time or develop the skill to practice this method of general diagnosis successfully, unless he does it as his one special recreation and adventure, just as Robert Koch did the bacteriologic method in the mountain town where he first cultivated the tubercular bacillus and made for himself a name more to be honored than that of Bismarck.

The usefulness of the Abderhalden reaction depends not alone on the recognition of the possibilities of this test by medical men and by the general public, but upon its availability for diagnostic purposes in every hamlet as well as every city in the whole United States. It is possible now to send ferment-bearing blood serum in a cold thermos bottle half way across the continent to a laboratory and obtain good results; but under such conditions disappointments are many, and the confidence even of the best-read physicians in the reliability of the test is likely to be shattered by

one of the errors incident to the lapse of time and the accidents of transportation. It would appear to be much safer for the physician to take advantage of the passive transmission of the human defensive ferment to some available animal by the immediate subcutaneous injection of the ferment-bearing blood serum into that animal and the shipment of the living animal to the laboratory for deliberate study. This is especially the case when the patient suffers of some one of the pluriglandular diseases such as pituitaryism, thyroidism, osteomalacia, fragilis ostium, myositis ossificans, osteomyelitis, tetany, adiposis dolorosa and pineal dystrophy. There is, however, one other condition far more common than any of these in which the evidence offered by the Abderhalden reaction should never be neglected, and that is in the condition for which citizens are legally declared insane.

There is no department of medicine in which the Abderhalden reactions offer more information than in psychiatry. It is a deplorable fact that in the detention hospitals of our great cities where fifty to seventy-five persons are each week committed legally to custodial prison-like asylums, no laboratories have yet been established to take advantage of this information. Furthermore, the same delay in utilizing a method almost two years old besets these so-called hospitals themselves. It is only in private practice that this method of study has been demanded and is now carried out. It is from the optimistic layman who believes in the resourcefulness of human ingenuity and human cunning that research in psychiatry is to receive impetus and secure support. These optimistic and aggressive laymen are, however, widely scattered, and the laboratories where painstaking Abderhalden tests are made are few and far between. The rational study of the physical conditions of the insane as well of the sufferers of the other pluriglandular disease is novel, fragmentary, rudimentary and unendowed. The patients are scattered, the laboratories few. The patients are helpless, the friends of the insane are hopelessly ignorant. Local physicians, however much interested, are not equipped. Some makeshift in the emergency must be resorted to, for we can not see the physical condition of the sixty thousand insane annually committed to our madhouses wholly neglected. It seems then entirely reasonable to inject the passive animal with a cubic centimeter or two of the ferment-bearing serum from the freshly coagulated blood of the patient, and then forward the little animal to the best equipped laboratory for study. In this way we would suggest the possibility of assistance in solving the intricate problems of insanity by the coincident study of the ferments in the blood of a definite group of patients by a widely separated and variously equipped cooperating body of research men.

There is another feature of this phenomenon which ought to appeal strongly to every psychiatrist. It is our belief that immunity is secured by the action of defensive ferments. Dementia precox is a clinical term for the symptoms complex resulting from a toxemia of unknown origin. Let  $x$  represent the materies morbi in any patient with indubitable dementia precox in which recovery has taken

place spontaneously. Accordingly to our mechanistic philosophy which has always proved adequate for all known pathology upto date, the recovery was due to the immunity secured by the development of a defensive ferment against the toxalbumin of x, and this ferment persists in the blood as long as the immunity lasts. It would not then be presumptuous to inject some large passive animal with blood serum of a patient recovered of dementia precox whose blood is still bearing the defensive ferment against toxalbumin x. This could by the Abderhalden method be recognized quite readily by the coincident presence of the secondary ferments against testicle, ovary and thyroid, as found in the recovered patient. The serum from the blood of this large animal could then be used therapeutically with rational hope that its subcutaneous injection would place in the blood of another patient sick of dementia precox, a similar ferment, promising a similar betterment and perhaps a permanent cure. There are a few cases of recovery from undoubted dementia precox. In our experience we believe we know of two. Either one of these former patients would gladly furnish a reasonable amount of blood. \* \* \*

Fifteen thousand youths of high school age are each year committed to the hopeless custody of our insane asylums, and it is for the relief of these that we beg for this rational expedition into an unknown region of promising therapy. The method is not new. Immunity has been transferred in diphtheria, in rabies, in tetanus and in bubonic plague. The fact that we do not know the cause of this disease is not prohibitory or exceptional. We do not know the cause of yellow fever, yet we control it. We do not know the cause of small-pox, yet we can immunize against it. Some person who has lost a son, a daughter, a brother, a sister, a husband, or a wife, of this terrible disease might furnish the funds for this worthy adventure. Some institution must furnish the laboratories and the men. It is too complicated for individual endeavor.

#### A Catechism.

From The Wisconsin Medical Journal

Q. What is a vaccine (bacterin)?

A. A vaccine is killed bacteria suspended in physiologic salt solution to which a small amount of tricresol has been added as a preservative. The bacteria, be they typhoid bacilli, streptococci, gonococci, etc., are usually killed by subjecting them to a temperature of 56° C. (132° F.) for one hour. The number of bacteria in 1 c.c. are estimated and dilution made as desired. The vaccine before use is tested by culture in order to determine if it is sterile.

Q. What is sensitized vaccine?

A. Sensitized vaccine differs from plain vaccine in the following respects: After the bacteria are grown they are placed in contact with immune serum produced by inoculating an animal with similar bacteria, left in the thermostat for a short while, then left over night in a cold place. Next they are killed either by heat or by alcohol, centrifuged, taken up in salt solution and the number in 1 c.c. determined. A little tricresol is added as

a preservative and the sensitized vaccine is ready for use.

Q. What advantages, if any, has a sensitized vaccine over an ordinary vaccine?

A. Briefly, it contains serum plus vaccine. It thus has both passive and active immunizing powers. Its action is more rapid, the bodily reactions are claimed to be less violent, and the immunity not only begins at once but apparently lasts longer than that due to ordinary vaccine.

Q. What is an antitoxin?

A. A serum or antitoxin is quite different from a vaccine. A serum is usually the blood serum of a horse which has been inoculated repeatedly with virulent doses of a particular bacterium, diphtheria or tetanus for example, in increasing doses. When the horse shows no reaction to a dose which at first would have killed it, the horse is bled and the serum collected. This is antitoxin. It contains the immune bodies produced in the horse in response to infection with bacteria.

Now-a-days the serum is fractioned by chemical processes which concentrates it and frees it from some toxic substances present in whole serum. This globulin fraction contains all the potency of the whole serum.

Q. What is the difference between active and passive immunity?

A. Active immunity is that produced by a disease itself through natural infection, or that produced artificially by inoculating a person with vaccine or live bacteria of low virulence. In active immunity that is produced by injecting antitoxin into the body. In this immunity one introduces the protective bodies formed in the body of the horse in response to some particular infection.

Examples. Active immunization, vaccination with small-pox vaccine or with typhoid vaccine. Passive immunity, prophylactic injection of diphtheria or tetanus antitoxin.

Q. When are vaccines indicated?

A. First the most important as prophylactics. Second, as a means of stimulating the body cells to produce more antibodies in subacute or chronic infections. Some use vaccines in acute infections. This we do not believe is good practice. Vaccines have been used for every sort of disease whether the actual cause was known to the physician or not. For therapeutic purposes they should be used only when there is bacteriological evidence of the presence of a particular invader and vaccine of this organism is the only one indicated.

The most consistent results are obtained in furunculosis. This disease is always due to the staphylococcus aureus, albus or citreus. It is hence not necessary (although advisable) to cultivate the organism from the pus: one can at once give staphylococcus mixed vaccine (bacterin).

Q. Are mixed vaccines ever indicated?

A. Only rarely. Now and then a combination of two bacteria may be producing a disease. Mixed vaccine, that containing colon bacilli, streptococcus, staphylococcus, gonococcus, etc., should never be given. It is modern shot-gun therapeutics and should have no place in modern science.

Q. What is antigenous vaccine?

A. Antigenous vaccine is the vaccine made



from the bacteria grown from a patient and used in that patient only. There are certain unrecognizable biological differences among bacteria of the same cultural characteristics which render the antogenous vaccine preferable to the stock, commercial vaccine.

Q. What are the so-called phylacogens?

A. Phylacogen is not a vaccine, it is not a serum. It is a filtrate of the growth of bacteria which contains no immunizing or curative properties. It is a typical shot-gun mixture. There is no scientific basis for their use and they are not altogether harmless. A demand has been created for them by advertising and by the use of testimonial clinical reports which are absolutely valueless as criteria upon which to form judgments of efficacy.

In this connection we offer two quotations, the first from an address delivered by Dr. Theobald Smith; the second, the conclusions of a series of articles published in 1913 in the *Journal A. M. A.*

"The medical profession should see to it that vaccine therapy does not degenerate into inconsiderate and reckless experiments on human beings, that it does not create false hopes in hosts of patients and that it does not originate and end in commercialism and the desire to exploit the weak and unfortunate."

"Vaccine therapy is a highly specialized field of medicine whose successful pursuit calls for a particular training in bacteriology, immunology and clinical medicine.

"The therapeutic possibilities of vaccine therapy have been exaggerated.

"The promiscuous use of the stock bacterial vaccines of commerce in the treatment of acute and chronic infections is an irrational procedure. Ready-mixed commercial vaccines should be abolished.

"In cases suitable for bacterial therapy, autogenous vaccines are with few exceptions superior. Autogenous vaccines should be prepared by those in touch with the patient and not through the agency of laboratories."

prime importance to the medical profession is evident. The idea has, no doubt, come largely from England and Germany, where the common laborer is cared for in a different manner than is custom here. At first thought, enforced insurance would seem to be obnoxious to Americans, and we believe it is, but as thousands of laborers in America are of foreign birth and accustomed to foreign ways, we will be compelled to treat the subject as it is presented. The whole question savors much of paternalism, and paternalism is not American.

Whether or not we like it, the reality confronts us. The welfare workers have perhaps pushed the matter forward, and it will now remain for the medical fraternity to guard its rights and equities. State legislators have the habit of expecting either gratuitous or underpaid services from the medical profession, and if left to them and attorneys for the large corporations, medical services will be paid for on about the basis of European custom. If health insurance for laborers is instituted, will it include insurance for the laborer's family, and will it provide maternity insurance. Both of the latter phases are of more importance to society than the health insurance for the laborer.

Such health measures, properly provided for, may have bearings on other questions of vital interest to the medical profession, such as free dispensaries, charity hospitals, etc. Whatever form these bills may take, our public relations committees, legislative committees and health insurance committees must be on the alert.

The medical fraternity has always and will always look first to the welfare of humanity, but it must at the same time look to the interest of its own members. Medical service rendered in the interest of social or health insurance must be amply paid for; furthermore, the beneficiary must be in the position of knowing that he is paying for this insurance and the services it brings, thus removing any suspicion of free service and pauperism—the curse of all nations.

## Editorials from Medical Journals

### Social Insurance.

From the *Illinois Medical Journal*, Nov.

Just what is meant by this term or what is included in it is not clear. While much talked about at present, few seem to comprehend what may be its meaning, or what it will supply to the community, or what its effect on either society or the medical profession will be. This status of the question is probably due to the fact that no concrete plan of insurance against illness and disability has been worked out, while at the same time the need of a systematic care of those unable to care for themselves and families is acknowledged by every one. The manner in which it may be done is still conjecture. Whatever will finally come to be included under the name or the term, "Health Insurance," it seems morally certain that a social or health insurance in some form is coming, and that soon.

It is given out that during the coming winter at least twenty State Legislatures will have bills presented to them relative to health insurance. That all of these bills will be of

### To Prohibit Dispensing by Physicians.

From the *Kansas State Journal*.

Some years ago an effort was made by the pharmacists to secure legislation which would prevent dispensing by physicians. The bill introduced at that time provided that physicians who supplied their patients with medicine must also give them a prescription for the medicine so supplied. While not in itself prohibitive of dispensing, its effect would have been approximately the same, at least in so far as the pharmacist was concerned. We have been handed a copy of a petition which is now being circulated in Kansas. It reads as follows: To the Legislature of the State of Kansas:

Believing that the interests of the general public and the welfare of the people of the State in their health and well-being would be subserved by a law prohibiting sales of medicines, either patent, proprietary, or on prescriptions of practicing physicians, except through regularly established drug stores at which are maintained registered pharmacists; and believing that the sales of drugs and medi-

cines by general stores, grocers, and what is known as the wagon medicine vendor or peddler, are inimical to and endanger the health and lives of the people of our State: We, the undersigned citizens and taxpayers of the State of Kansas, do most respectfully petition and appeal to your honorable body to enact strict laws regulating the sale and dispensing of drugs and patent and proprietary medicines, with an effective inhibition against such sales except through established drug stores, at which are maintained regularly registered pharmacists.

On first reading this petition one is inclined to commend its purposes, but on closer scrutiny one wonders how the "interests of the general public and the welfare of the people of the State in their health and well-being" would be better subserved by limiting the sale of patent medicines to drug stores. If the class of drugs that can be sold by promiscuous vendors is inimical to the health and welfare of the public we fail to see how that danger will be minimized by passing them over the counter of a drug store.

The matter of the sale of patent medicines is only the gauzy drapery which covers but does not conceal the attractive features of this petition. Its essential purpose is to secure legislation which will prohibit dispensing by physicians, as is plainly set out in its last sentence.

\* \* \* \*

Suppose we help them get the law they are petitioning for, but add to it a clause providing that a druggist guilty of substituting shall forfeit his license, and another providing that druggists shall keep in stock everything the physician may choose to prescribe. This would be absolutely necessary if the doctor is prohibited from dispensing. It might also be advisable to more rigidly enforce the laws regulating the practice of medicine.

## Editorials from the Lay Press.

### The Gist of the Health Insurance Bill.

Amer. Asso'n for Labor Legislation.

The bill makes health insurance universal for all manual workers and for others earning less than \$100 a month because experience elsewhere has shown that voluntary insurance will not reach the persons who most need its protection and that insurance must be obligatory if it is to render the large social service of which it is capable.

The benefits to be provided are medical, surgical and nursing attendance, including necessary hospital care, medicines and supplies; a cash benefit beginning on the fourth day of illness, equal to two-thirds of wages and given for a maximum of twenty-six weeks in one year; and a funeral benefit of not more than \$50.

The cost of these benefits and their administration, amounting to about 3 per cent. of wages, is to be borne two-fifths by the employee, two-fifths by the employer, and one-fifth by the State. The employee is asked to contribute because he is to some degree responsible for his own ill health and because he receives the benefits. The contribution of the employer is justified on the ground that illness is, to a considerable extent, occupational

in origin. The State's share in the joint contribution is justified by the present cost of sickness to the State and by its recognized responsibility for community action to prevent ill health. It is believed that this distribution of the cost will lead to co-operative action in "Health First" campaigns.

The administration is to be vested in mutual associations of employers and employees organized according to localities and trades, and managed jointly by employers and workers under the general supervision of a State social insurance commission.

### Regular Medical Examination.

From the State Gazette, Trenton.

The National Association for the Study and Prevention of Tuberculosis advocates a national medical examination day, says the Elizabeth Daily Journal. The idea is also approved by other organizations. The life insurance concerns, many of them, at least, provide for the annual examination of their policy holders.

The idea impresses the public. Tuberculosis and other maladies and ailments are apt to obtain a strong hold on the individual before their presence in his system is suspected. Impairments of the physical condition of the individual may often be corrected if discovered in time. If neglected, a serious chronic condition may result.

These are times when the principles of prevention are being taught. It is much easier to prevent disease than to cure it. The time to combat a malady is before it has obtained a strong foothold on the body. Let the public be taught that it is essential that the state of body should be found out regularly so that impairments may be corrected.

### The Surgeon as a Life-Saver.

From the Philadelphia Ledger.

The true facts about the work of Dr. Alexis Carrel at the American hospital at Paris (Neuilly), which are now attracting a somewhat sensational attention, warrant any enthusiasm that the medical profession and the laymen may express, for they show the surgeon as a life-saver on a scale hitherto considered impossible in war.

And yet what Dr. Carrel has done is simplicity itself, since, as announced by him early in October, in co-operation with the American ambulance service, he first shortened the time that it took to fetch the wounded from the trenches to the hospital and, secondly, he subjected the wounded to the new antiseptic treatment by which bloodpoisoning was prevented. As a result of these two simple precautionary measures, the wounded at the hospital not only do not have to undergo so many operations, brought about by infection of the wounds, but the healing of the wounds is quickened and the death rate lowered; and, what is more, the application of the marvels of plastic surgery, by which the unfortunates are restored to some semblance of humanity, is enormously developed.

Consequently, through this splendid co-operation results are being achieved that surpass all expectations as to the saving of life and restoring the wounded, and that this is done by Americans must be a source of gratification to us.



## Therapeutic Notes.

### Anemia.

For anemia in malaria:

Arseni trioxidi, gr. ss.

Euquininae, gr. xxx.

Ferri sulphat. exsic, gr. xl.

Strychn. sulph., gr. ss.

M. and Div. in pil. No. XX.

Sig. One pill 3 times daily.

For anemia associated with nephritis:

Ferri et ammon. citratis, 3i.

Potassii citratis, 3ii.

Aq. cinnamomi, fl. 3i.

Elix. aurantii, fl. 3ii.

M. et. Sig. Teaspoonful in water after meals.

### Anaphylaxis-Adrenalin in Treatment of—

Drs. Parhon and Brzus have believed for a long time that adrenalin was indicated in anaphylaxis because in part of the hypotension present in anaphylactic shock. In a severe case of the latter following a cholera immunization, with cold extremities, extinction of voice, dilation of pupils and other severe symptoms the body was surrounded by hot-water bottles and ether and caffeine injected. It was then adrenalin was first tested, fifteen minutes after the onset of the symptoms. Within five minutes the symptoms of shock had quite vanished. In two subsequent cases adrenalin was the sole remedy used and the results were the same.—Comptes rendus de la Societe de Biologie.

### Carbuncles—Treatment.

Apply collodion over hyperemic area except the central one-fourth inch space. Cut crucial opening in this space from center toward periphery and inject the following solution:

Acidi carbolici sat., gtt. xx.

Glycerin, 3ij.

Aqua dest., 3ij.

Dress with sterilized gauze dipped in bromine, 1-500, or chlorinated soda in 10 to 25 per cent. solution. Remove all sloughs.—Medical Summary.

### Facial Neuralgia.

Menthol, 15 grs.

Ether.

Spt. lavender, aa, 2½ drams.

M. Sig. Rub gently over the affected area.

### Lead Colic.

The following is a prescription used by the late Prof. Robert Bartholow in the treatment of Lead Colic:

Alum, 2 drams.

Dilute sulphuric acid, 1 fluid dram.

Syrup of lemon, 1 fluid ounce.

Water, 3 fluid ounces.

Mix. Sig.—Tablespoonful every one or two hours until relieved.

**Simple Procedure for Nasal Bleeding.**—Spontaneously recurring epistaxis is usually due to superficial ulceration of the mucous membrane over a vessel or capillaries on the septum of the anterior nares. These hemorrhages as a rule are easily stopped by home remedies, but sometimes the patient seeks relief and goes to

the physician between attacks. At these times it is rather difficult to locate the exact spot from which the bleeding originated. If epinephrin chlorid is applied by a cotton-tipped applicator to the side of the septum from which the hemorrhage occurs, the whole mucous membrane, except in those spots in which the bleeding takes place, becomes blanched. If it is a vessel that has caused the bleeding, it will stand out strongly in contrast to the rest of the mucous membrane. If it has been due to capillaries, a red circular spot about the size of half a ten cent piece stands out prominently. This procedure makes it a simple matter to find the bleeding spot and cauterize it with 90 per cent. trichloroacetic acid. The acid obliterates the vessel or capillaries, and in a few days it heals over, removing with very little trouble the source of bleeding.—William Lapat, M. D., Savannah, Ga.

### Nephritis—Chronic—General Treatment.—

Dr. Boyd, in the Edinburgh Medical Journal, gives this regime in these cases: Nitrogen retention must be reduced or eliminated principally through the diet. When the patient is able to stand it, all nourishment must be withdrawn for twenty-four hours and thirst satisfied with distilled water. Purgatives should be administered, as much nitrogenous waste can be carried off through the intestines. Hot air baths or hot packs may also be employed. After this rest period a non-protein diet is begun, consisting of arrowroot cooked with water, cream, sugar, and such stewed fruits that do not contain benzoic acid, such as apples, prunes, and figs. This plan may be continued for one or two weeks without any deleterious effect upon the patient's strength, and may produce a definite fall in blood nitrogen. Milk may now be given and stronger and more palatable farinaceous foods than water-arrowroot added to the diet. This rest treatment answers as well in the early stages of acute nephritis, as it allows complete, or nearly so, rest for the kidneys.

### Otitis Media—Cleansing In.

Dr. P. B. Coble recommends the following on account of the materials being found in every home as well as for the known antiseptic properties: Carbolic acid minims 40-60; water, one quart. Where the perforation is large or the drum membrane almost destroyed, and the discharge has a foul odor, the following prescription has decided beneficial qualities:

Boracic acid, grs. xx.

Ethyl alcohol, 3j.

The canal must be first thoroughly cleansed with boric acid solution, dried, and then a diluted solution of the above dropped well into the canal and allowed to remain until the smarting ceases. A one to three solution should begin the treatment and the strength gradually increased until the original prescription is employed.—Indianapolis Medical Jour.

### Pharyngitis—Chronic Granular.

Dr. Coble in the Indianapolis Medical Journal, advises in this condition, especially when there is much irritation of the membrane, compound tincture of benzoin, full strength, applied to the membrane. Compound tincture of

benzoin may be used effectively on gauze where a packing that will prevent foul odors is needed for the nose. Tincture of iodine, one drachm, glycerin one ounce, may also be applied to the nose and pharynx. The weaker solution should be used first, but if a stronger one be required the following prescription covers the need:

Iodine crystals, grs. vijss-x  
Potassium iodide, grs. vijss-xxx  
Glycerin, 3j

These iodine solutions are very efficacious when used after tonsillectomy and do not produce the pain caused by the application of some other solutions, such as silver nitrate, etc.

#### Plantar Hyperhidrosis.

℞ Acidi tannici, 3j.  
Aluminis, 3v.  
Aquae, 3xxx.

M. fiat lotio.

Sig.: Apply once or twice daily.

If a fetid condition exists, a foot bath containing potassium permanganate 1/1000 may be used for ten minutes every three days. In the meantime stockings may be powdered with the following:

℞ Pulveris talci, 3x.  
Bismuthi salicylatis, 3j.  
Zinci oxidi, 3v.  
Pulveris aluminis, 3iiss.

M. fiat pulvis.—Gazette des Hopitaux.

#### Irregularity of the Heart-Beat.

Dr. Cattle, in an article in the *Clinical Journal*, reminds us that the presence of auricular fibrillation is an important sign of heart failure, and doubtless greatly aggravates other pre-existing mechanical difficulties due to dilatation, valvular defects, etc. Further evidence of failure, such as edema of the feet or lungs, breathlessness or orthopnea, enlargement of the liver, etc., may be eventually expected in cases in which fibrillation is persistent.

While digitalis is useful for the purpose of toning up the cardiac weakness, it is in cases of fibrillation that results are often achieved which exceed in brilliance those due to the use of the drug in any other circumstances. Doubtless the tonic action of digitalis on the muscle and on the vagus nerve partly accounts for this favorable result, but considering that the effect is so much greater in fibrillation than in other forms of irregularity, it seems most probable that the more regular and more forcible contractions of the ventricles are due also to the "blocking" action of digitalis, by means of which some of the abnormal impulses from the fibrillating auricles are cut off. In using a powerful drug like digitalis it is necessary to have a clear conception of the conditions it is likely to benefit. There could be no greater mistake than to give it indiscriminately to every patient who has a murmur. This drug should not be given for premature systole, as the disturbance is one digitalis is very liable to produce. It may be given cautiously in heart-block. (Freely if the block is complete.)

The dose of tincture of digitalis which should be given in cases of fibrillation is 15 minims four times a day, or slightly larger doses of the 1914 preparation. In case of urgency the dose may be increased or supplemented by the injection of five-minim doses

of Hoffmann's digalen. The pulse generally drops from upwards of 100 to about 60 within a week. This is a signal for withdrawing the drug for a few days. It should be resumed as the rate of the pulse increases, and continued in such doses as will keep the pulse-rate about 70. Signs of digitalis sufficiency which call for its suspension or reduction are: Slow pulse; vomiting; loss of appetite; diarrhea; scanty urine; coupled beats. Cases of sudden death from digitalis are invariably due to neglect of warning signs. Dr. Mackenzie speaks of the "characteristic coupled beats," as a sign of sufficiency and Dr. Lewis says: "The appearance of coupled heart-beats" is always a danger sign."

#### The Toxicity of Emetin Hydrochlorid.

Pyorrhea alveolaris is a common affection. It has received a great amount of attention since the amebae buccalis was found in the scrapings from the pockets between the teeth and gums. Much has been written on the wonderful effect of injections of emetin hydrochlorid in ridding the mouth of amebae. No one has called attention to the probable ill effects of injection of this drug, which has a distinct toxic action on animals. Recently, however, Levy and Rowntree report a case of death following the injection of the drug in a man 56 years old who received daily injections of 1½ grains over a period of twenty days. The dose was altogether 25 mg. per kg. of body weight. In another case, a woman of 31 years, alarming dysentery was produced, a toxic delirious state developed and the urine contained albumin. She recovered. She received only ½ grain daily for four days. Dogs, cats, and rabbits received injections in order to determine the fatal dose. In dogs and rabbits the fatal dose was from 1 to 2, and 3 to 4 mg. per kilogram when given subcutaneously for a period of seven to ten days. The authors found that there were wide variations in toxicity among preparations marketed by several firms. For one preparation a total dosage of 3 mg. per kg. given subcutaneously killed dogs in three days, whereas it took eleven days and 19 mg. per kg. of another preparation to produce a fatal outcome.

It is well to know that this method of treating pyorrhea alveolaris is not only lacking results in many cases but also may cause most unpleasant effects, chief of which are a pseudo-dysentery, the stools containing pus and blood. Practitioners should be careful in using this remedy. If one follows the recommendation of the conservatives, that is, 1½ grains daily for no longer than six days, he will usually be on the safe side unless a patient has an idiosyncrasy to the drug. Forewarned is forearmed. We trust that this may not be too late to save some patients from serious results of strenuous attempts to rid their mouths of amebae.

#### Cerebrin in Cerebral Neurasthenia.—Dr.

Figuera, in *Revista de Medicina*, reports having used cerebrin or cerebral extract in six cases, finding that when freshly prepared it exerts a beneficial action on the headache, vertigo, insomnia and nervous agitation of cerebral neurasthenics. It may be given by mouth, but is better by hypodermic injection which should be continued for several months.



**Carrel's Antiseptic Solution.**—Dissolve in a large bottle 140 grams of dry carbonate of soda with 10 liters of sterile water. Add to this 200 grams of chloride of lime (bleaching powder) and shake well. After half an hour siphon off the clear fluid into another bottle through a cotton plug or filter paper and then add 40 grams boric acid to the clear fluid.

**Creosote Carbonate in Pneumonia.**—For pneumonia, creosote carbonate, ten to fifteen grains every two or three hours, given early in the disease, is as nearly a specific as is quinine in malaria. (Sajous.)

**Guaiacol Inunction in Pneumonia.**—Dr. Wollerton, in Clinical Medicine, advocates an inunction composed of equal parts of guaiacol, oil eucalyptus, and methyl salicylate, as a local application to the chest in pneumonia, every two to four hours, when the temperature is above 102 deg. F. Its usual effect is to induce copious perspiration, lower the temperature, and make the patient feel more comfortable. It should be used with care in asthenic cases.

**Gonorrhea—Charcoal in Local Treatment.**—An abstract in the Correspondenz-Blatt says that Oppenheim and Schlikfa of Vienna report excellent results from injection into the urethra, once a day, of a suspension of 5 gm. of animal charcoal in 0.5 liter (quart) of tepid water. Acute gonorrhea, suppurating profusely, with numerous gonococci, was permanently cured by this alone, but the cure could be hastened by combining it with an astringent (1.6,000 potassium permanganate). The procedure proved most promptly effectual in acute posterior urethritis with diffusely purulent turbid urine. They said that this charcoal lavage does not irritate or harm in any way.

**Injection Treatment of Hemorrhoids.**—A 20 per cent. solution of carbolic acid in equal parts of glycerin and water injected by means of a sterilized needle into the hemorrhoids produces excellent results and removes the necessity for confinement in bed, or an anesthetic, and the risk of stricture or incontinence.

**Ichthyol and Glycerin Treatment of Septic Wounds.**—Dr. Buggan selected nine of the worst septic cases from about 800 patients, treating them with equal parts of ichthyol and glycerin. In two of the patients limbs were saved from amputation, two huge wounds being healed over in five weeks without skin-grafting. All the cases did exceedingly well. The advantages claimed are: There is practically no irritation of the wound; the dressing does not adhere to the surface of the wound, and need only be changed once in twenty-four hours—in very extensive septic wounds, not more than twice in twenty-four hours; there is a great saving in cotton-wool, lint, and bandages; the strain in nursing is lessened; the patient is no longer disturbed by frequent dressing, and the time in hospital is very considerably curtailed, as compared with other methods. The effect of ichthyol on a wound with thickened, unhealthy edges has to be seen to be appreciated; the edges appear simply to melt away.

Patients all volunteered the statement that the treatment suited their wounds better than anything which had previously been applied either at the front or in England. The ordinary methods used in surgery must be applied; necrosed bone, bullets, pieces of clothing, etc., should be removed, abscess cavities opened to their full extent, and counter-openings made where sinuses are present, when this is practicable. The method of application to the wound is by means of a camel's-hair brush. Or the application may be made upon lint or gauze. The surface of the wound is not washed with lint on changing, but is dried with a small swab of cotton wool or occasionally dabbed with pure alcohol. All ordinary antiseptics are discarded. Adherent dressings are loosened by pure boiled water. Drainage tubes are always removed after the first dressing, as they are regarded as unnecessary and as the cause of much suffering.

## Hospitals; Sanatorium.

### Barnert Hospital, Paterson.

The dedication services and opening of this hospital, costing about a quarter-million dollars, took place on Tuesday, October 24, the speakers being former U. S. Ambassador to Turkey Henry G. Morgenthau, U. S. Senator William Hughes, Dr. Abraham Jacobi, Mayor Radcliff and others.

The hospital is the gift of former Mayor Nathan Barnert of Paterson, and is to be conducted as a non-sectarian institution. It is a four-story brick building, occupying a block on Broadway; has a solarium extending the full length of the building; it has accommodations for 150 patients. Every modern hospital appliance has been included in the construction and equipment of the hospital.

### Dover General Hospital Auxiliary.

There was a very generous response to the appeal last month of the Auxiliary Association, with foodstuff, coal and \$100 in money.

### Mercer Hospital, Trenton.

The net result of the supper given for Mercer Hospital, by the auxiliary last month, was \$1,155.61.

### Orange Memorial Hospital.

This hospital recently received \$2,000 from a friend to be spent in perfecting the X-ray room equipment. Dr. Carlo D. Martinetti who has charge of the room, says that the new apparatus will enable the department to do any work that may be required.

### Memorial Hospital, Morristown.

This hospital has received a legacy of \$5,000 recently by the will of the late Joseph W. Ogden of New York City.

### New Jersey Orthopedic Hospital, Orange.

A campaign has been in progress during the past month to secure \$200,000 for the erection of a new building and the partial endowment of the hospital. There was on hand legacies amounting to \$16,000 and \$4,000 left over from a previous campaign and members of the board of trustees had pledges of \$42,000 more.

Estimates places the cost of the new building at \$75,000 and of the equipment at \$10,000, making the total cost of the plant, including the land, \$99,000. The trustees aimed to secure at least \$100,000 additional for its endowment.

#### Overbrook Hospital, Cedar Grove.

The annual fair for the benefit of this hospital was held last month. All the articles on sale were made by the patients of the institution in the industrial school, inaugurated by Dr. Guy Payne several years ago. The assortment was larger and finer this year than that of any previous year. The articles included woolen shawls, slippers, raffia baskets, reed baskets, rugs, embroidery, drawn work, etc.; there were more than 800 rugs on sale. The fair was held in the amusement hall of the institution.

#### Hospital Co-operative Association Proposed.

A resolution looking to the formation of a hospital association was adopted at a meeting held November 24, at the Washington, Newark, by a group of interested persons, including representatives of nine of the local hospitals. The meeting affected a temporary organization by electing Monsignor Isaac P. Whelan chairman and Frank I. Liveright president of Beth Israel Hospital, secretary. More efficient hospital service, combined with greater economy, could be rendered with greater economy, etah could be rendered by means of some co-operative system, those present decided after a general discussion and agreed on an organization as a medium. Points brought out were the problem of money raising, purchasing of supplies, chronic cases clogging the hospitals and duplication of cases. A committee was appointed to formulate some plan of organization and report to a meeting, the date of which was to be announced later. Those on the committee are Monsignor Whelan, Arthur W. MacDougall, Dr. Wells P. Eagleton, Dr. Henry L. Coit, Mr. Liveright and James M. Reilly.

#### Hudson County Tuberculosis Sanatorium.

The following figures are from the sixth annual report of this sanatorium:

Receipts—Appropriation, \$100,000; due from State for maintenance of indigent patients, \$25,000; received from patients, et al., for the year 1914-15, \$997.70; total, \$125,997.70.

Expenditures — Maintenance, \$81,857.10; charges to institution, not included in maintenance, \$42,110.63; total, \$123,967.73; balance on hand, \$2,029.97.

Actual per capita cost to county per year, \$387.07; per day, \$1.06.

#### The Convalescent Army Hospital, Toronto.

The equipment of this hospital for providing the patients with the means of mechanical treatment is singularly complete. All the apparatus was given privately and it is largely due to the efforts of Mr. F. Davies that so splendid an equipment was got together. Hydrotherapy is practised considerably by the agency of circular douches, needle douches, and rain douches for the relief of nerve troubles and rheumatism. Continuous leg baths are employed for treatment of stiffness of the joints and similar methods are used for

the treatment of stiffness of the arms. Full bath bodily treatment is utilized for nervous cases and light mental cases. There is an electrical limb baker for joint stiffness; also an electric cabinet for the treatment of neuralgia, rheumatism and neuritis; an electrical cradle for applying heat locally to feet, hands, or, in fact, to any part of the body where such treatment is thought to be required; an electrical wall plate by which faradic and galvanic currents in all forms can be applied; high frequency cabinet with full electrodes; a lamp to be used for the sun ray treatment, and lastly a complete equipment of Zander apparatus for rotation and resistant movements. It goes without saying that massage is largely used in connection with one or another of the hydrotherapeutic electrical or mechanical modes of treatment. It remains to be said that the results, on the whole, have been eminently satisfactory and that many men who without these forms of therapeutic aid might have been seriously crippled are relatively sound and supple in limb.

The majority of the men were suffering from injuries of different kinds received at the front. A few were recovering or partially recovering from the effects of gas poisoning. A goodly proportion were suffering from shock to the nervous system in addition to injuries. The most depressed men among the inmates (as a rule, they were in excellent spirits), were those who had been poisoned by gas. It appears to have a peculiarly lowering effect and, of course, exerts the greater part of its evil effects upon the respiratory organs.—Canadian letter in the Medical Record.

#### Liability of Private Hospitals for Negligence.

—A patient voluntarily entered into a private sanatorium, and after once leaving without permission returned and voluntarily consented to be removed to another ward where he would be practically a prisoner. Those in charge did not, during the process of removal, forcibly restrain the patient, though an attendant walked by his side. The patient suddenly broke away and fled from the sanatorium half-dressed. He entered a house where were a woman and two small children, so frightening the woman that as a result, the evidence tended to show, she was afflicted with neurasthenia and cystitis (!) for which she sued the proprietor of the sanatorium. The Wisconsin Supreme Court held that the evidence did not show negligence on the part of the proprietor, and that the plaintiff could not recover.—Torrey v. Riverhouse Sanatorium, 157 N. W. 552.

#### Liability of Hospitals.

Some time ago a patient received a burn in the Smith's Falls Hospital by a hot brick, which was placed in the bed to warm it, when the patient was taken from the operating room. When the case came up for trial before Mr. Justice Britton, says the Canada Lancet for January, 1916, he dismissed the action. From his judgment the patient appealed. The appeal was heard before Chief Justice Falconbridge and Justices Kelly, Riddell and Latchford. These four judges came to a unanimous finding in favor of the patient and granted the appeal, awarding damages of \$900.

The court held that when a hospital



nishes beds, foods and nurses for patients it enters into a contract with them, and becomes liable for acts of negligence on the part of its nurses. This is a most important decision so far as hospitals are concerned. It will have the effect of compelling them to lay down rules for doctors and nurses so as to avoid, as far as possible, the occurrence of accidents for which the hospitals could be held liable.

The judgment will do good, as there has been much doubt in the past regarding the liability of these institutions in this matter. The hospitals will, no doubt, welcome the decision, for the simple reason that they know now their responsibilities, and can take proper measures to protect themselves.

An application for an appeal in this case has been refused, as it is a matter of express contract, and not matter of public interest is involved.

### The Private Hospital; Some Disadvantages to the Physician.

The following is taken from the paper by Dr. H. G. Langworthy, of Dubuque, Iowa, in the A. M. A. Journal, November 18th:

Some of the disadvantages, while not so apparent on the surface to outsiders, are very real and formidable. The most important ones may be roughly grouped as follows:

1. Cost of equipment (figuring on the average twelve-bed hospital), requiring time and credit to pay for it, with monetary loss if the hospital fails to run a reasonable length of time.

2. Reason for some kind of advertisement, which always offends local competing physicians and gives rise to bad will, etc. Local competition in smaller places is so keen, there being scarcely enough business to go around, that the seeming advantages of the men pushing their private hospital, and its success in gaining business, results often in the most lasting and unforgiving jealousy and bitterness.

3. The responsibility of bearing a heavy monthly expense roll by one or two, which is always felt and keeps the proprietors under high tension. One or two men seldom have the practice to keep successfully a twelve or sixteen bed hospital full all the year round which, coupled with the fact that not all patients pay their hospital bills, increases the wear and tear and general strain.

4. Inability to get a permanent, competent matron to run the hospital, which means for the physician frequent looking after girls who ought to be under a strict matron's control, delving into kitchen finances, looking into the expenses of the drug department, and indeed quite a multitude of both trivial and important matters, all taking that time and thought which should be given solely to the physician's practice.

5. Difficulty in keeping an associate or associates in proper line with one object in view, namely, success. Only too often physicians break down under the strain in one way or another.

6. Detraction from the value of local public hospitals, which so often need to be built up through the co-operation of the very men who enter their particular field as competitors against them.

Advantages—In the main, the advantages

fall naturally into two headings, so far as real importance is concerned:

1. Legitimate opportunity for direct advertisement and appeal to the public for patronage.

2. The advantage of absolutely controlling one's patients within the private hospital.

Other apparent advantages, such as the making of one fee covering professional services, operation, medicines and hospital charges, hospital proximity to the doctor's residence, and team work by a few physicians constantly thrown together and helping each other, are more apparent than real, and so easily overcome by proper use of the public hospital that it might well be considered something of fallacy to class these as possessing any distinct and special advantage.

Conclusions—1. In small communities in which there are no hospitals, a private hospital is desirable and should be successful. Even here, however, attention should be called to the fact that with ever-changing conditions and increasing requirements, sufficient amounts of money properly to equip and maintain a private hospital are usually lacking by the single individual, and unless a few men can get together and co-operate, any physician alone takes up quite a burden if he attempts to compete along lines for which he is naturally not well trained, and to which it is impossible to give his entire attention.

2. In a town in which a public hospital has already been started, there is little excuse for the creation of a private hospital, as the average physician will make fully as much of a saving, and benefit the public as much and with less personal worry, if he co-operates with the public institution and uses it as a receptacle for his patients.

## Marriages.

FRISCH-BOLTE.—At Atlantic City, N. J., October 21, 1916, Dr. Frederick Frisch to Miss Mary Dorothea Bolte, both of Atlantic City.

GRAY-WAITE.—At Bath, N. Y., October 25, 1916, Dr. John W. Gray of Newark, N. J., to Miss Frances Waite of Bath, N. Y.

HEROLD-Le COCQ.—At Upper Montclair, N. J., November 27, 1916, Dr. Herman C. H. Herold, Jr., of Newark, to Miss Marie Louise Le Cocq of Montclair.

SHERMAN-YOEMANS. — At West Orange, N. J., October 30, 1916, Dr. Allton L. Sherman to Miss Ethel Agnes Yoemans, both of West Orange.

## Deaths.

BUTTNER.—At Orange, N. J., November 16, 1916, Dr. Carl Buttner, aged 67 years.

Born in Germany sixty-seven years ago, Dr. Buttner finished his medical studies in that country after the war. He came to this country in 1872, working his way over as a ship's surgeon. He settled in Orange, where he began the practice of medicine. Before he had been in Orange five years he was elected a

member of the surgical staff of the Orange Memorial Hospital and in 1879 he was made city physician for a two-year term. In 1895 he was appointed city physician, resigning within three weeks to become health inspector. He held that position for a number of years, during which time he was also a member of the Board of Health. He gave up much of his practice in recent years and about eight years ago discontinued it entirely.

In 1881 Dr. Buttner was elected a member of the Board of Chosen Freeholders in the Second Ward; in 1884 he was elected a school commissioner in the same ward. He served three years as a member of the board, the last year being president. In the spring of 1888 he was appointed lay judge of Essex County by Governor Green. The Republican Senate refused to confirm the appointment, but he served that year, and the next year his reappointment was confirmed.

Dr. Buttner in 1892 became surgeon of the Third Battalion of the National Guard of Orange. Before retiring he attained to the rank of major. He was one of the organizers of the Orange Mountain Medical Society and was an honorary member at the time of his death. He held membership in the State and county medical associations.

As has been told, Dr. Buttner was the first surgeon in this country to perform the operation of stretching the sciatic nerve. About thirty years ago the possibility of the new method of treatment of the sciatic nerve first presented itself to Dr. Buttner, who always kept abreast of the times and had familiarized himself with the methods of the German surgeons. They had prescribed stretching of the sciatic nerve for the relief of sciatica. A resident of Orange who had been suffering with this disease for years presented himself as a patient, and with the late Dr. William Pierson, who volunteered to stand by him, Dr. Buttner performed the operation. It proved successful. He performed the operation successfully eighteen times.

When the Franco-Prussian War began Dr. Buttner was a medical student in Germany. He dropped his studies to take up arms and was in one of the first divisions of the German army to sweep over France. It was his wont in recent years, particularly since the greater war has been raging in Europe, to recall his experiences as a soldier.

GREEN.—At Long Branch, N. J., November 24, 1916, Dr. James O. Green, aged 75 years. Dr. Green was born in Long Branch. He graduated from the Bellevue Hospital Medical College in 1866; settled in Long Branch where he continued to practice till taken ill with pneumonia. He was an elder in the Reformed Church; was superintendent of the Sunday-school several years.

MCPHERSON.—At Basking Ridge, N. J., November 23, 1916, Dr. J. C. McPherson, a retired homeopathic physician, aged 65 years.

STACKHOUSE.—At Moorestown, N. J., October 6, 1916, Dr. Asa M. Stackhouse, aged 72 years. He graduated from the Hahnemann Medical College, Philadelphia, in 1868.

PARSONS.—At the Mercer Hospital, Trenton, N. J., November 11, 1916, Dr. Richard H. Parsons of Mount Holly, N. J., aged 57 years.

Dr. Parsons was born in Mount Holly in 1859. He was one of Burlington County's most prominent and best physicians. He graduated from the medical department of the University of Pennsylvania in 1880 and in that year began practicing in Mount Holly. In a short time he built up an extensive and lucrative practice and maintained it until his failing health caused him to relinquish some of his more strenuous work. He held numerous positions of importance and great responsibility in the general practice of his profession. For nearly thirty-two years he had been superintendent of the Burlington County Hospital in Mount Holly, he was medical director of the Burlington County Hospital for the insane at New Lisbon during all the time that the institution has been in operation, about fifteen years; he was the first medical inspector appointed for the Mount Holly public schools and had served several years in that position, and for a number of years he had been the health and sanitary inspector of the Northampton township board of health. These positions gave Dr. Parsons an extensive acquaintance throughout the county and among medical men and various specialists throughout New Jersey and in parts of adjoining States. He filled all acceptably, with credit to himself and the institutions he served so faithfully.

He kept abreast with the times in his professional work and was thoroughly acquainted with the modern and advanced methods employed in the variety of fields with which he was connected. He took the time to give all of his duties the attention they needed and all that he did was well done.

Dr. Parsons was a member of the Burlington County Medical Society, the Medical Society of New Jersey, the American Medical Association, the New Jersey Sanitary Association and a member of its executive council. He was also a member of the Philadelphia Medical Club and the American Medico-Psychological Association. Much of a public nature was done by Dr. Parsons aside from his practice of medicine. He was president of the Building and Loan Association of Mount Holly, a director of the Union National Bank and the Mount Holly Safe Deposit and Trust Company, and vestryman of St. Andrew's P. E. Church. In Mount Holly he was connected with the Masons, Elks, Odd Fellows and Relief Fire Company.

Dr. Parsons was a son of the late Charles B. and Jane C. Parsons and he was fifty-seven years of age at the time of his death. He was a native of Mount Holly and his whole life was spent as a resident of the town. A widow and daughter survive him. The doctor had been in failing health for several months and recently suffered a complete breakdown from nervous exhaustion and he was taken to Mercer Hospital, Trenton, on November 5, to receive treatment. He died on Saturday night, November 11th at the Trenton institution. In his greatly weakened condition he developed pneumonia on Friday and the disease advanced so rapidly that on Saturday no encouragement was given for his recovery.



## Personal Notes.

Dr. Edward A. Ayers, Branchville, has a paper in the American Journal of Surgery, November, on "Prenatal Diagnosis; the Major Need in Obstetrics."

Dr. Thomas A. Clay, Paterson, has resigned as health officer of that city.

Dr. Harris Day, Chester, is medical inspector of the schools in his township.

Dr. G. K. Dickinson, Jersey City, read a paper at the annual meeting of the American Association of Obstetricians and Gynecologists on "Hospital Management and Mismanagement."

Dr. Frank M. Donohue, New Brunswick, and family returned from their summer home, Cedarcrest, early last month.

Dr. Orville R. Hagen, Paterson, has been appointed health officer of the city by the Board of Health.

Dr. George R. Kent, Newark, recently recovered his horse and buggy, stolen a few days before; it was found in the woods near Elizabethtown.

Dr. Thomas H. MacKenzie, Trenton, presided at the Y. M. C. A. Men's Meeting Trenton, that was addressed by Dr. Howard A. Kelly of Baltimore on November 12th.

Dr. Emery Marvel, Atlantic City, read a paper on "The Surgeon's Responsibility to the Economics of Hospitals," at the American Association of Obstetricians and Gynecologists' annual meeting.

Dr. Clifford Mills, Morristown, Republican, was re-elected mayor of that city last month.

Dr. Victor Mravlag, Elizabeth, addressed the Elizabeth Council Daughters of Liberty, November 10th. The doctor was re-elected mayor of Elizabeth last month by a large majority though the city is generally Democratic.

Dr. Edward E. Peck, Caldwell, Republican, was elected mayor of that city last month, without opposition.

Dr. Harry Vaughan, Morristown, who ran on the Prohibition ticket for Governor in the recent election, received a much larger vote than heretofore given that party, getting over 400 votes in his own county.

Dr. Frederick W. Flagge, Rockaway, addressed the parents of the Southside School pupils on "Better Care of Children."

Drs. H. S. Fritts, Shiloh, and W. S. Garrison, Cedarville, have been added to the medical and surgical staff of Bridgeton Hospital.

Dr. Albert Pettis, Plainfield, has been under treatment in Muhlenburg Hospital, for blood poisoning contracted by injection from a patient's wound that he dressed.

Dr. Samuel Sica, Trenton, and father enjoyed a motor trip to Albany, N. Y., last month.

Dr. Henry B. Costill, Trenton, took a needed rest of two weeks last month.

Dr. Alfred M. Elwell, Camden, and wife are receiving congratulations on the arrival of a baby boy in their home on November 23rd.

Dr. Josiah Meigh, Bernardsville, was elected vice-president of the Somerset County Automobile Association last month and Dr. Lancelot Ely, Somerville, was elected a director.

Dr. Daniel F. Remer, Medford, has removed to Mount Holly and taken the practice of Dr.

R. H. Parsons, deceased, at 29 Washington street.

## Medico-Legal Items.

**Practising without Authority — Compensation.**—In a prosecution of a physician for practicing without authority, evidence of a witness that the defendant treated his wife and received his board and lodging as compensation therefor is admissible.—*Young v. State*, Texas Civil Appeals, 181 S. W. 472.

**Expert Testimony in Murder Case.**—In a prosecution for murder it was held to be error to allow a physician to testify as an expert to the relative positions of the deceased and the person who shot him, deduced from the nature and direction of the wound, since the jury was equally capable with the physician of drawing proper inferences from the facts proved.—*Noble v. State*, Alabama Court of Appeals, 70 So. 187.

**Privileged Communications.**—In an action for personal injuries, testimony of a physician as to whether the plaintiff was intoxicated was held to be excluded where the doctor was called to attend the plaintiff as a physician and became possessed of his information through his professional employment.—*N. Y. C. & St. L.*, Indiana Supreme Court, 112 N. E. 762.

**Expert Testimony Based on Evidence.**—The authorities differ as to the wisdom of permitting experts to express their opinions based on the evidence in a case instead of submitting hypothetical questions to them, but in Maryland it is permissible. In a prosecution for abortion, where there were several medical witnesses in the case who had treated the deceased, there being no conflict between them, the admission in evidence of the opinion of an expert who heard all but one of such witnesses testify was held proper.—*Damm vs. State*, Maryland Court of Appeals, 97 Atl. 645.

**Regulation of Sale of Opium—Validity of Federal Statute.**—The federal district court, W. D. Washington, N. D., holds that Congress may prohibit the importation of opium and regulate its relation to interstate commerce, as is done by Act of Dec. 17, 1914, providing for registration with collectors of internal revenue of dealers in opium, imposing a tax on dealers, and making it unlawful for any person who has not registered and paid the tax to have in his possession any opium or derivative thereof, and providing that such possession shall be presumptive evidence of a violation of the act.—*United States vs. Brown*, 224 Fed. 135.

**Harrison Anti-Narcotic Law—Application to Physicians.**—The federal district court, W. D. Tennessee, W. D., holds that the Harrison Anti-Narcotic Law does not limit the amount of drugs a physician may prescribe, and an indictment charging a physician with prescribing drugs in quantities more than was necessary for the immediate needs of his patient, and not in good faith, is subject to demurrer. There is no duty imposed upon a physician by

the act other than to keep a record of all such drugs dispensed by him, and the name and address of the patient, except those to whom he may personally administer, and that he must preserve the records for a period of two years.—United States vs. Friedman, 224 Fed. 276.

**Administration of Narcotics to Relieve Pain and Cure Drug Habit.**—In a prosecution under the Texas statute making it unlawful to prescribe a narcotic drug for an habitual user thereof, it appeared that the person to whom morphine was administered had been a morphine fiend, and had become emaciated and was confined to her bed. The defendant, as physician, administered the morphine for two purposes: First, to relieve her of her present suffering; and, second, to cure her of the habit. The evidence of the woman showed that he succeeded in both. The Texas Court of Criminal Appeals held that the statute does not prohibit the prescribing of the drug when necessary to alleviate pain or cure the drug habit. It was held to be error to exclude the defendant's evidence that he gradually reduced the size of the dose, and finally ceased it altogether; that being material to show that the drug was prescribed in an effort to cure the habit. It was also error, there being evidence that the drug was prescribed to alleviate pain, to refuse to charge that if the drug was administered in an effort to relieve pain the defendant physician was not guilty.—Fyke vs. State (Tex.) 184 S. W. 197.

#### MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed	Failed
Alabama, July.....	63	46	17
California, June ....	125	115	10
Delaware, June ....	8	7	1
Dist. Columbia, July	13	10	3
Illinois, July .....	287	229	50*
Indiana, July .....	45	42	3
Kansas, June .....	20	20	0
Maine, July .....	16	14	2
Massachusetts, July	123	87	36
Michigan, June ....	56	54	2
New Hampshire, June	7	5	2
New Jersey, June ...	69	63	6
No. Dakota, July ...	10	10	0
Ohio, June .....	162	159	3
Vermont, July .....	14	14	0
Wyoming, June ....	8	8	0

\*Also incomplete, 8.

The following table shows the number of applicants for medical licensure by examination in West Virginia during the five years ending December, 1915, and the number of failures. That there are now fewer failures is due to these facts, namely, the elimination of the poorer colleges, the exclusion from examination by the State Board of Colleges, and the requirements of a higher preliminary education, graduation from a four years high school or its proven equivalent:

Year	Applicants	Rejections
1911	124	25
1912	93	26
1913	85	25
1914	64	6
1915	77	5

The Council on Medical Education recommends that 180 hours be devoted to the study of obstetrics, exclusive of the time necessary to take charge of 6 labor cases. The Association of American Medical Colleges has no higher standard for practical work but demands that students witness at least 12 cases and personally take charge of 3 women during the period of pregnancy, labor, and the puerperium. These standards are low. They are insufficient for giving proper obstetrical experience to medical students. Under our present system of medical education and licensure it is still possible for poorly trained men to take up the practice of medicine. The sad effects of their unscientific and ineffective training are particularly manifested in the unsatisfactory results of their practice upon parturient women and infants.—Dr. Ira S. Wile, in Amer. Jour. of Surgery.

#### National Board of Medical Examiners.

The first examination of the National Board was held in Washington, D. C., from October 16 to 21, 1916. There were 32 applicants from seventeen States, representing twenty-four medical schools; of these sixteen were accepted as having the necessary preliminary and medical qualifications, ten of whom took the examination and five passed.

The next examination will be held in Washington June, 1917. Information may be had by applying to Dr. J. S. Rodman, 2106 Walnut street, Philadelphia, Pa.

### Public Health Items.

#### Do You

Believe in national preparedness and then  
Fail to keep yourself physically fit?

Wash your face carefully and then  
Use a common roller towel?

Go to the drug store to buy a tooth brush  
and then

Handle the entire stock to see if the bristles  
are right?

Swat the fly and then

Maintain a pile of garbage in the back yard?

#### Do You Know That

Better wages make better health?

Better health makes better citizens?

Better citizens make a better nation?

Scarlet fever kills over 10,000 Americans  
each year?

Cholera is spread in the same manner as typhoid fever?

He who builds up health lays up treasure in the Bank of Nature?

The U. S. Public Health Service found 78 per cent. of the rural homes in a certain county unprovided with sanitary conveniences of any kind?

Life is a constant struggle against disease.  
The defective citizen of to-day is often the  
unhealthy child of yesterday.

Every man is the architect of his own  
health.

It's the baby that lives that counts.



The full dinner pail—the open window—the clean well—make for health.—Public Health News.

In Scotland the birth rate, 1915, was 23.86, the smallest since registration began, 1855. The infantile mortality rate was high, 126.5 per 1,000 births; 14.9 more than the ten years rate, and the highest since 1901.

**Cost of Baby Malady.**—State Health Commissioner Dixon November 1 received a report showing that the State's fight against infantile paralysis from the start of the outbreak, July 1 to October 1, cost the commonwealth \$61,004. This sum does not include any of the money paid to the regular health officers of the department.

**The Child a Barometer of Its Health.**—Just as hot house plants are exceedingly sensitive to their surroundings and only thrive when placed in the most favorable surroundings as regards light, warmth and soil, and quickly show by dropping, the slightest departure from favorable conditions, so do infants respond favorably or unfavorably to feeding, housing and general environment, according as these are good or bad.—Ashby.

**The Harvest.**—Does God fix the death rate? Once men were taught so, and death was regarded as an act of Divine Providence, often inscrutable. We are now coming to look on infant mortality as an evidence of human weakness, ignorance and cupidity. We believe that Providence works through human agencies, and that in this field, as in others, we reap what we sow—no more and no less.—Dr. L. Emmett Holt.

**Annual Loss from Sickness.**—There were in the United States, according to the census of 1910, 33,500,000 people who were engaged in remunerative work. Making an estimate from all available statistics, including those kept in Germany, it appears that there are probably, among the working people of the United States, 13,400,000 cases of sickness annually, entailing a total loss of time of 284,750,000 days. The losses in wages placing the average at the low figure of \$2 a day, and omitting Sundays, would be \$488,142,852. These enormous totals show what immense economic disturbance and financial waste from loss of time alone is inflicted by sickness. This necessarily causes an incalculable amount of destitution and misery from lack of necessities of life, aside from the terrible direct physical suffering from disease. In addition to all this, sickness compels the expenditure of immense sums for physicians, medicines and hospital bills.—Welfare Insurance, Rufus M. Potts.

**Causes of Death for 1915.**—A preliminary announcement with reference to mortality in 1915 issued by the Bureau of the Census, indicates that nearly one-third of the 909,155 deaths reported for that year in the "registration area," which contained approximately 67 per cent. of the population, were due to three causes—heart diseases, tuberculosis and pneumonia—and nearly two-thirds were charged to twelve causes—the three just named, together

with Bright's disease and nephritis, cancer, apoplexy, diarrhea and enteritis, arterial diseases, diabetes, influenza, diphtheria and typhoid fever.

The deaths per 100,000 population from the above causes were as follows: Heart disease, 156.2; tuberculosis, all forms, 145.8; pneumonia, 132.7; nephritis, acute and chronic, 104.7; cancer, 81.1; apoplexy, 79.3; diarrhea and enteritis, 71.7; diabetes, 17.5; influenza, 16; diphtheria and croup, 15.7; typhoid fever, 12.4; whooping cough, measles and scarlet fever, respectively, 8.1, 5.4 and 3.6.

**The Health of Workingmen.**—The United States Bureau of Mines, which heretofore has been mainly interested in the reduction of deaths by accidents among men connected with the mine industries, has broadened its scope to include the health of the men and has issued a report on health conservation at steel mills. This report contains advice of direct value to every laborer and employer of labor in the United States. The efficiency of the workmen is a subject which no operator can afford to ignore. The prevention of conditions productive of ill health is a plain business proposition. The workingman has a right to demand that he be not required to work beside men who are physically or mentally diseased. Medical supervision is necessary in order to prevent the introduction and spread of infectious or contagious diseases. Such supervision will also show defects of which employees are unaware. Large corporations should employ a full-time physician who should devote his entire attention to the study of efficiency problems. By care along these lines the average loss of time due to illness among 30,000,000 workers in the United States, estimated at nine days a year, or a loss of nearly \$880,000,000, may be materially decreased.

**Sickness in Rural Health Districts.**—During the summer of 1915 the New York State department of health made an inquiry to determine the amount and nature of sickness usually and fairly constant in rural communities. Five townships and two villages in Albany County were the subject of this survey. The district was considered fairly typical of rural New York. The population of these townships numbered 5,676, and the number included in the records 5,187, or 91.2 per cent. of the total. The number of persons admitting that they were ill was 582, or 11.2 per cent. of the population visited. An examination of 397 school-children in a rural district of New York shows that 51.3 per cent. had defective teeth and 61.5 per cent. enlarged tonsils or adenoids. The total number of cases of illness in six townships and two villages was 1,242, of which 688 were not under the care of a doctor. In this survey the investigators reported that teeth defects were generally present at all ages. This investigation brought out the further fact that while school inspection pointed out the defects of the children, no means was provided for the correction of such defects, and also that most people were willing to pay a moderate price for treatment but could not pay "fancy prices."—A. M. A. Journal.

## BULLETIN No. 11

### "We are proud of Our Advertisers"

The Official State Medical Journals are not ashamed of their advertisements; hence they urge their readers to patronize their advertisers. The publishers believe it is their duty to the readers as well as the advertisers to bring them together.

*The California State Journal of Medicine* has very truly said: "There was a time, not so many years ago, when no respectable publication would refer to its advertisements, or its advertisers. Now, however, all that has been changed; *we are proud of our advertisers* and our advertising. Nothing goes into the advertising pages that is not as carefully scrutinized as the matter that goes into the reading pages. There is no reason now why any advertiser should not be referred to, or anything advertised should not be mentioned in any part of the *Journal*."

Doctor, you may rely on the advertisements in this *Journal*. They are believed to be exactly as represented.

If you are dealing with some reliable firm whose goods you think should be advertised in this *Journal*, write and tell us so; and advise the firm of the advantage of association with other acceptable advertisers.

YOUR EDITOR.

Abernethy, the celebrated physician, was never more displeased than by having a patient detail a long account of troubles. A woman knowing Abernethy's love of the laconic, having burned her hand, called at his house. Showing him her hand, she said: "A burn." "A poultice," quietly answered the learned doctor. The next day she returned and said: "Better." "Continue poultices," replied Dr. A. In a week she made her last call, and her speech was lengthened to three words: "Well, your fee." "Nothing," said the gratified physician, "you are the most sensible woman I ever saw."

It doesn't matter much when or where a man was born so long as he is or was a blessing to the world after he was born. February 12 never made Lincoln great. February 22 had nothing to do with making Washington the man that he was. It was Lincoln who made February 12 and Washington who made February 22 memorable dates in the calendar of American history.

#### An Invalid's Request.

When I am ill and sore beset  
With all the aches that flesh is heir to,  
When I must lie in bed and fret  
And swallow dose I do not care to.  
When on the table standing near  
Are powders, capsules, pills in dozens,  
I have no great desire to hear  
Of something that relieved your cousins.

When as you sit beside my bed  
A violent coughing fit attacks me,  
And my pale cheeks turn fiery red  
And you behold how sore it racks me,  
In silence let me cough it out,  
In silence even let me smother,  
That's preferable, beyond a doubt,  
To being told what cured your brother.

If you can tell with just a glance  
(For all my symptoms plainly show it)  
That my disease removed your aunts,  
Just pass it by. Don't let me know it.  
Just bear in mind, I couldn't hope  
By passing up my daily rations  
To swallow all the kinds of dope  
That cured your friend and their relations.  
—Edgar A. Guest, in *Detroit Free Press*.

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